



Intake Crisis Intervention Request Form

The Arc of Buncombe County is a local nonprofit agency that serves people with intellectual and developmental disabilities.

General Information:

Date: _____

A. Client/Child Information:

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: _____ Race: _____

Social Security #: _____ School: _____

Diagnosis: _____ Medical Provider(s): _____

Current Services: _____ Medicaid Yes No

Type of Assistance Requested: _____

Explain Need/Request: _____

Do you have copies of the diagnosis report Yes No

B. Parent/Guardian Information:

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Do you live in the City of Asheville: Yes No County of Residence: _____

Daytime Phone/Cell #: _____ Home Phone: _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widow

Gender: Male Female Date of Birth: _____ Race: _____

Social Security #: _____

Employment: _____ Business/Company Name: _____

If not employed, reason: _____

Total Monthly Income: _____ # of children in home _____ # of adults _____

Current Responsibilities: Rent/Mortgage \$ _____ Electric \$ _____ Water \$ _____

Natural Gas \$ _____ Auto \$ _____ Food \$ _____

Medical \$ _____ Insurance \$ _____ Other \$ _____

The information I have provided above is true and accurate. I understand that misrepresentation or falsification of the information above could disqualify me from receiving funds.

Recipient's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

_____ Initial here to indicate that you are aware the financial assistance provided by The Arc of Buncombe County is for help in crisis situations. Funds are generally distributed to a person or family one time in a 12-month period. Checks are written to vendors only.

_____ Initial here indicates that I am open to Community Resources or Financial Counseling.

_____ Initial here to indicate that you have my permission to contact other community organizations regarding my request.

****To process your application, we will need the application and all requested information included:***

-Rental Assistance: copy of lease, landlord acceptance form, mortgage statement, eviction notice

-Auto Payment/Repairs: copy of auto insurance, copy of loan, copy of registration card, copy of current bill, copy of driver's license

-Utility Payment: copy of most recent bill and copy of disconnect notice if applicable

-Other assistance: copy of quote or bill

Current Need (be specific, include copies of bills, etc.)

Referral from another agency? _____

New Client Yes No

Other agencies contacted: _____

Client Signature: _____

Date: _____

TO BE COMPLETED BY THE ARC OF BUNCOMBE COUNTY STAFF:

INITIAL ACTION TAKEN:

Initial: _____

**The Arc of Buncombe County
Income Verification**

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

RE: Verification of Income for Services from The Arc of Buncombe County

This letter as confirmation that _____ (Name of Client/Parent/Guardian).

Please list all income from the household: (SSA/SSDI/SSI, child support, retirement income, etc.)

Full-Time Part-Time basis of _____ hours per week while earning \$_____ payable Hourly Daily Weekly Bi-weekly Monthly Quarterly Annually and No Bonus a Bonus of \$_____.

Signature _____ **Print Name:** _____

No Income/Support Verification

Client/Parent/Guardian Name: _____

Date of Last Employment: _____

If you are not receiving any income from any source, we require this form to be signed.

I, _____, am not receiving any income from any source at this time.

Signature _____ **Print Name:** _____



The Arc of Buncombe County

Working for and with people with intellectual and developmental disabilities and their families.

ADVOCACY

RESOURCES

COMMUNITY INTEGRATION

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, the undersigned legally responsible person for _____, do hereby consent and grant permission to The Arc of Buncombe County to advocate on behalf of _____; to gather and exchange information with any individuals or professionals representing agencies, schools, local and state facilities pertaining to the welfare of _____.

Dated this _____ day of _____, 20____.

Applicant Signature

Advocate



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ADVOCACY RESOURCES COMMUNITY INTEGRATION

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS

I, _____, hereby authorize The Arc of Buncombe County, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish videotape, photographic pictures or portraits of me in The Arc of Buncombe County promotional materials, which includes but is not limited to, video productions, catalogs, magazines, brochures, public affairs releases, recruitment materials, and The Arc of Buncombe County Internet Web sites and other social media outlets, and other related endeavors.

I hereby waive any right to inspect or approve the finished video, photograph, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied. Consequently, The Arc of Buncombe County may publish materials, use my name, photograph, and/or make reference to me in any manner that The Arc of Buncombe County or the project sponsor deems appropriate to promote and/or publicize service opportunities.

I hereby release, discharge, and agree to hold harmless The Arc of Buncombe County, its employees, or vendors (including any firm publishing and/or distributing the finished product) from and against any liability as a result of any distortion, blurring, or alteration that may occur in the taking, processing, or reproduction of the finished product, even should the same subject me to ridicule, scandal or indignity.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign the release if the individual videotaped/photographed is under 18 years of age.

This authorization is continuous and may be withdrawn by my specific written rescission of the authorization.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Cell # _____ Federal I.D.# _____
(i.e. Social Security)

Signature _____ Date _____

Parent/Guardian Signature _____
(if subject is under 18 years of age)

Witness _____ Date _____