

# Diaconate Intake Form

## Identifying Information

Date Filled Out \_\_\_\_\_

Name: \_\_\_\_\_ Are you over 50 years old? \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Children: \_\_\_\_\_

Date Diaconate was first notified of this situation and by whom: \_\_\_\_\_

This form was started by: \_\_\_\_\_ on (date): \_\_\_\_\_

New Life Church member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

If no, are you a regular attendee? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Do you attend another church? \_\_\_\_\_ Name of church \_\_\_\_\_

If not a regular attendee, how is this person connected to New Life? \_\_\_\_\_

Has this individual been previously assisted by the Diaconate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Did this person receive financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

List names and phone numbers of **personal/pastoral references** and/or **Community Group leader** who could be called for further information regarding this person (ask for verbal permission to contact references):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Current Situation/Record

What is the presenting problem as stated by the individual? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this problem been going on? \_\_\_\_\_

Other important details of the situation: \_\_\_\_\_

\_\_\_\_\_

Have you had problems with drugs and or alcohol abuse? Describe your history. \_\_\_\_\_

\_\_\_\_\_

What steps has this person taken to remedy this situation? \_\_\_\_\_

\_\_\_\_\_

What is the individual's specific request of the Diaconate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education/Work History

Highest level of education and degrees held: \_\_\_\_\_

Current job held: \_\_\_\_\_ How long at present job? \_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_

## Social Support and Emotional/Mental Health

Does this individual have any family living nearby? Yes \_\_\_\_\_ No \_\_\_\_\_

What sort of support does this person have? (check all that apply):

1. Community Group Yes \_\_\_\_\_ No \_\_\_\_\_ Name and Phone Number of leader \_\_\_\_\_

2. One or two close friends that know of person's situation Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

3. Any family members person is close to? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

4. Counselor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

5. Do you have a roommate? \_\_\_\_\_ Is it a temporary living situation? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

**Financial Position: Please put all income/expense numbers in a MONTHLY FORMAT**

**INCOME:**

Current **NET** Monthly Salary: \_\_\_\_\_ Yearly Salary (**Gross**) \_\_\_\_\_  
Other income (ie. Child support, alimony, \_\_\_\_\_  
SSI/SSDI, public assistance, unemployment, \_\_\_\_\_  
Child Support, Roommates, investments, etc.) \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_

**EXPENSES:**

Monthly mortgage or rent \_\_\_\_\_  
  
Utilities (heat, electric) \_\_\_\_\_  
Phone, (landline & cell) \_\_\_\_\_  
Cable-TV/ Internet \_\_\_\_\_  
Water \_\_\_\_\_  
Auto upkeep (car loan, gas, repairs) \_\_\_\_\_  
Car Insurance \_\_\_\_\_  
Home/renters insurance \_\_\_\_\_  
Life insurance \_\_\_\_\_  
Health insurance \_\_\_\_\_  
Food \_\_\_\_\_  
Medical expenses (braces, medications etc) \_\_\_\_\_  
Counseling/therapy expenses \_\_\_\_\_  
Credit Card payment debt (**per month**) \_\_\_\_\_  
Other loan debt (ie. Education, home equity) \_\_\_\_\_  
Misc. household expenses (ie. Clothing, supplies \_\_\_\_\_  
Repairs etc.) \_\_\_\_\_  
Other \_\_\_\_\_

**Total Credit Card Debt** \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_

**MONTHLY NET SURPLUS OR NET DEFICIT** \_\_\_\_\_

**OVERALL DEBT LOAD** (total amounts not monthly)

Credit card debt \_\_\_\_\_  
Educational debt \_\_\_\_\_  
Consumer debt (car, home equity) \_\_\_\_\_

**OVERALL SAVINGS/INVESTMENTS** (total amounts not monthly)

Savings/Money Market Accounts \_\_\_\_\_  
IRA's, 401(k), Pension plans \_\_\_\_\_  
Investment property other than one's home \_\_\_\_\_

**FOR DEACONS USE ONLY: Diaconal Assessment and Response to this Request**

Diaconal Assessment of person's situation (by deacon point person and diaconal committee):

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