MALACHI'S HOUSE OF HOPE

ENSURING NO FAMILY NAVIGATES A MEDICAL CRISIS ALONE

contact@malachishouseofhope.org

www.malachishouseofhope.org

FAMILY INTAKE FORM

Please complete the following

Section 1: Contact Information

- Parent Name: _____
- Address: _____
- Contact Number: _____
- Email Address: _____
- Date of Birth (or Expected Due Date): ___ / ___ / ____
- Race/Ethnicity: □ Black or African American □ White □ Hispanic or Latino □ Asian □ Native American or Alaska Native □ Native Hawaiian or Pacific Islander □ Multiracial □ Other: _____ □ Prefer not to disclose
- Gender Identity: □ Female □ Male □ non-binary □ Other: _____ □ Prefer not to disclose
- Medical Diagnosis (if known): _____ Primary
- Hospital/Clinic: _____
- Primary Physician: _____
  Is the child currently hospitalized? □ Yes □ No □ Not yet born

Section 2: Child Information

- Child's Name: _____
- Age: _____
- Gender: _____
- Hospital Social Worker Name (if applicable): _____

Section 3: Housing Needs

- Are you seeking housing during your child'streatment?
  - Yes
  - No
- Requested duration of stay: _____
- Number of family members needing housing: _____

Section 4: Transportation Needs

- Do you need transportation assistance?
  - Yes
  - No
- Type of transportation support requested:
  - Fuel Assistance
  - Ride Service
  - Rental Car
- Destination(s): _____

Section 5: Additional Information

- Are there any specific concerns,accessibility needs,or circumstances we should be aware of?

- Have you raised or received funds from family, friends, or the community to help with your current crisis? (Explain)

Section 6: Referrals & Outreach

- How did you hear about Malachi's House of Hope?
  - Hospital
  - Social Worker
  - Online Search
  - Previous Client
  - Other (please specify): _____

Section 7: Support & Resources

We ask the following questions to better understand your family's needs and connect you to additional support services. Your responses are completely voluntary and will not affect your eligibility.

- Do you currently have medical insurance for your child? □ Yes □ No □ In process / Pending □ Prefer not to answer

- Are you currently employed? □ Yes (full-time or part-time) □ No □ Self-employed □ On leave □ Prefer not to answer

“Our goal is to meet families where they are. Some of these questions may help us match you with housing, transportation, or partner programs. You’re welcome to skip anything that feels personal.”

Section 8: Signature and Consent

By signing below, I confirm that the information provided in this form is accurate to the best of my knowledge. I understand that Malachi’s House of Hope will use this information to assess eligibility and coordinate appropriate support. I acknowledge that this information may be shared only with authorized personnel, as outlined in the Privacy Act Statement.

Caregiver Signature

- Name (Printed): _____
- Signature: _____
- Date: ___ / ___ / ____

Case Worker (if applicable)

- Name: _____
- Organization: _____
- Phone/Email: _____
- Signature: _____
- Date: ___ / ___ / ____

Privacy Act Statement

Malachi’s House of Hope is committed to protecting the privacy and confidentiality of the families we serve. All information provided in this form is handled in accordance with the Privacy Act and applicable local/state regulations. This data will be used solely for the purpose of assessing and providing support services, and will not be shared with third parties without your explicit written consent, except as required by law. You have the right to access and correct your information at any time.

MALACHI'S HOUSE OF HOPE
PHOTO & MEDIA RELEASE FORM

Supporting families of children with Heterotaxy and complex medical conditions
Website: malachishouseofhope.org
Address: 9864 E. Grand River Ste 110-162 Brighton MI 48116
Phone: 248-266-1150

Beneficiary Name: _____
Parent/Guardian Name (if under 18): _____
Phone Number: _____
Email Address: _____
Date: _____

Permission to Use Photos & Media
Please check all that apply:

□ Website
□ Social Media (Facebook, Instagram, etc.)
□ Printed Materials (brochures, flyers, newsletters)
□ News Articles or Press Releases
□ Event Promotions
□ Fundraising Campaigns
□ Educational Us

Please check your preferences:

□ You may use my / my child's first name only
□ Please do not include any names
□ You may use first name and general story
□ Other preferences: _____

Release Statement

I understand that:

- The images and content may be used in print and digital formats.
- No compensation is provided for the use of these images.
- I may revoke this permission in writing at any time, and Malachi's House of Hope will cease using the image from that point forward (removal from print materials cannot be guaranteed).
- All images will be used in a respectful and supportive context consistent with the mission of Malachi's House of Hope.

Signature (Beneficiary or Parent/Guardian): _____
Date: _____