



# MALACHI'S HOUSE OF HOPE

ENSURING NO FAMILY NAVIGATES A MEDICAL CRISIS ALONE



[contact@malachishouseofhope.org](mailto:contact@malachishouseofhope.org)



[www.malachishouseofhope.org](http://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's treatment?
  - ☐ 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?

### 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 X: 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.