



community voice mail
reconnect • achieve • results

Client Intake/Outcome Form

Please fax to 617-367-5709 or email to cgolden@mhsa.net

CVM Client Agreement of Understanding

I understand that I have the temporary use of a Community Voice Mail phone number to use ONLY for the purposes and length of time agreed upon by me and the service provider who is giving me this number. I agree to contact the service provider to let him/her know my outcome, whether the voicemail service was helpful, and/or whether I no longer need the voicemail box. I understand that the information in this form will be kept confidential and used only to keep track of CVM services and/or to check CVM eligibility by service providers or funders who have agreed to confidentiality. I understand that any voice mail messages older than 90 days will be automatically deleted from my voice mail box. I understand that periodically I may receive broadcast voice messages from my case manager, the CVM Program Manager and/or the CVM national office containing information about additional resources. If I give my email address, I understand that it may be used to notify me if/when I have messages and/or may be used to send me information about additional resources. I understand that the service provider will receive a regular printout on the usage of this voice mail box. This will assist CVM in evaluating the overall effectiveness of the program.

Client Signed Initials: _____ Date: ___/___/_____

Voice Mail Box # Assigned _____ Enrollment Date: ___/___/_____

Participating Agency Name _____ Agency Contact Name _____

Client Code _____ First Initial, Last Initial, Third Letter of Last Name, Birth Date (MMDDYY), Gender (M/F/T).

Client Email Address _____ SPANISH PROMPTS? YES NO

<p>Date of Birth: ___/___/_____</p> <p>Ethnicity (mark one): <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown</p> <p>Race (mark ALL that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>Gender: ___ Male ___ Female <input type="checkbox"/> Transgender ___ Unknown</p> <p>Intake Monthly Income \$ _____</p>	<p>Income Sources (mark ALL that apply): <input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other Disability Income <input type="checkbox"/> TANF (or local equivalent) <input type="checkbox"/> General Assistance (or local equivalent) <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> Veteran's Financial Benefits <input type="checkbox"/> Other Source <input type="checkbox"/> No financial resources</p> <p>Served in Military? ___ Yes ___ No Disabling Condition? ___ Yes ___ No Head of Household? ___ Yes ___ No # of Dependent Children _____ # of Dependent Adults _____</p>	<p>Other Characteristics/Situations: (mark ALL that apply) <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Unemployed <input type="checkbox"/> Limited English Skills <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Foster Care participant <input type="checkbox"/> Formerly Incarcerated (Prison) <input type="checkbox"/> In-housing – phone disconnected <input type="checkbox"/> Other</p> <p>If Homeless (mark one): <input type="checkbox"/> Living in Emergency Shelter <input type="checkbox"/> Living in DV Shelter <input type="checkbox"/> Living on Streets <input type="checkbox"/> Living in Transitional Housing, Perm. Supportive Housing or S+C <input type="checkbox"/> Staying With Family and Friends <input type="checkbox"/> Other</p>
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Client Goals (circle all that apply)	Client Outcomes	EXIT DATE ___/___/_____
Employment Y N Unknown	Obtained Employment? Y N Unknown	
Housing Y N Unknown	Obtained Housing? Y N Unknown	
Increase Financial Benefits Y N Unknown <i>(eg. TANF, SSI, SSDI, VA, Food Stamps, etc)</i>	Increased Financial Benefits? Y N Unknown	
Health Care Y N Unknown	Monthly Income upon Exit: \$ _____	
Social Services Y N Unknown <i>Describe</i> _____	Connected to Health Care? Y N Unknown	
Other Reasons Y N Unknown <i>Describe</i> _____	Received Social Services? Y N Unknown	
Safe Communications (for DV) Y N Unknown	Achieved Other Outcomes? Y N Unknown	
	Safe Communications? (for DV) Y N Unknown	

Exit Reason - If no goals were met (no outcome), what was the primary reason for ending usage? (mark one)

Client abandoned voicemail box Client left agency program or service area Client reached maximum time limit
 No information Available Other reason: _____

Exit Question (for all users): "How helpful was CVM in achieving your goals?"

Very helpful Somewhat helpful Not very helpful Not at all helpful No information/data available