THE FIELD'S EDGE
CULTIVATING HOME

INTAKE FORM / *FORMULARIO*

A MINISTRY OF THE FIELD'S EDGE

Micah 6:8 — do justly, love mercy, walk humbly.

Fill online
help.thefieldsedge.org

Use this form on paper, or scan the code to fill it out online. *Use este formulario en papel o escanee el código para completarlo en línea.*

1 · CONTACT Información de contacto

First name ***Nombre***

Last name ***Apellido***

Phone ***Teléfono***

Email ***Correo***

Other contact (text, family, neighbor, social worker) ***Otro contacto (mensaje, familia, vecino, trabajador social)***

2 · WHERE YOU ARE RIGHT NOW ¿Dónde se encuentra ahora?

Current location (street, intersection, shelter, motel, vehicle, with family/friend) ***Ubicación (calle, intersección, refugio, motel, vehículo, con familia o amigo)***

3 · ABOUT YOU Sobre usted

Age range ***Edad***

Gender ***Género***

Children with you? ***¿Niños con usted?*** ☐ **Y/Sí** ☐ **N** **Veteran?** ***¿Veterano?*** ☐ **Y/Sí** ☐ **N** **Working now?** ***¿Trabajando?*** ☐ **Y/Sí** ☐ **N**

Have a state ID? ***¿Tiene ID oficial?*** ☐ **Y/Sí** ☐ **N**

4 · SUBSTANCE OR ALCOHOL USE Uso de sustancias o alcohol

☐ **Not currently** *Actualmente no*
☐ **Alcohol only** *Solo alcohol*
☐ **Drugs only** *Solo drogas*
☐ **Both** *Ambos*
☐ **In recovery** *En recuperación*
☐ **Prefer not to say** *Prefiero no decir*

5 · WHAT DO YOU NEED TODAY? ¿Qué necesita hoy? (marque todo lo que aplique)

☐ **Food / meal** *Comida*
☐ **Water** *Agua*
☐ **Shower** *Ducha*
☐ **Clothes** *Ropa*
☐ **Shelter tonight** *Refugio*
☐ **Medical care** *Atención médica*
☐ **Mental health** *Salud mental*
☐ **Substance help** *Ayuda sustancias*
☐ **Family violence** *Violencia familiar*
☐ **Help getting ID** *Ayuda con ID*
☐ **Job help** *Empleo*
☐ **Help getting home** *Regresar a casa*
☐ **Veterans services** *Veteranos*
☐ **Someone to talk to** *Alguien con quien hablar*
☐ **Prayer** *Oración*
☐ **Other (below)** *Otro (abajo)*

6 · SPIRITUAL Lo espiritual

You are welcome here, just as you are. ***Es bienvenido aquí, tal como es.***

- ☐ **I'd like someone to pray with me** *Quisiera que alguien ore conmigo*
- ☐ **I'd like to talk with a pastor or chaplain** *Quisiera hablar con un pastor o capellán*
- ☐ **I'd like to hear about the hope of the gospel** *Quisiera conocer la esperanza del evangelio*
- ☐ **I'd like help finding a church** *Quisiera ayuda para encontrar una iglesia*
- ☐ **Not right now, thank you** *Ahora no, gracias*

GOOD NEWS FOR ANYONE

Jesus died for sinners. Repent and believe.
thefieldsedge.org/thegospel

SCAN TO READ · ESCANEE PARA LEER

7 · NEXT STEP YOU HOPE FOR / PRAYER REQUEST Próximo paso / Petición de oración

Next step in your own words ***Próximo paso en sus palabras***

Prayer request ***Petición de oración***

8 · CONSENT TO FOLLOW-UP Consentimiento de seguimiento

May we contact you for follow-up? ***¿Podemos contactarle para seguimiento?*** ☐ **Y/Sí** ☐ **N**

Signature ***Firma***

Date ***Fecha***

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RELEASE OF INFORMATION

CROSSCHECK OF MIDLAND, TX ASSISTANCE NETWORK · CHARITYTRACKER

Complete with a Field's Edge team member. This is optional and does not change the help you receive today.

Client Last Name | **First Name** | **MI**

Address | **City / State**

Zip | **Date of Birth (mm/dd/yyyy)** | **SSN**

Phone

The **CrossCheck of Midland, TX Assistance Network**, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. **First Baptist Church** (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including **The Field's Edge** (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for **3 years** from the date noted under my signature below unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

Dependent's Name	Relationship	Date of Birth	Social Security Number

I authorize The Field's Edge, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize The Field's Edge to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

Client and/or Parent-Legal Guardian's Authorizing Signature

Date

Agency Representative Signature

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.