

# Intake Crisis Intervention Request Form



The Arc of Buncombe County is a local non-profit agency that serves people with intellectual and developmental disabilities.

Our response to your request may include:

- Referral to other agencies
- Food bank referrals
- Collaborations with other agencies/schools

## A. Parent or Guardian information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone/Cell #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Marital Status: Single  Married  Separated  Divorced  Widow

Social Security #: \_\_\_\_\_

Employment: \_\_\_\_\_ If not employed, reason: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ # of Children in home: \_\_\_\_\_

## B. Person Applying for:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ School: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medical Provider(s): \_\_\_\_\_

Current Services: \_\_\_\_\_ Income: \_\_\_\_\_

Type of Assistance Requested: \_\_\_\_\_

Current Responsibilities: Rent/Mortgage \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Natural Gas \$ \_\_\_\_\_ Automobile \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Explain Need/Request: \_\_\_\_\_

Identify financial request from other agencies/organizations: \_\_\_\_\_

\_\_\_\_\_ Initial here to indicate that you are aware the financial assistance provided by The Arc of Buncombe County is for help in crisis situations. Funds are generally distributed to a person or family one time in a 12 month period. Checks are written to vendors only.

\_\_\_\_\_ Initial here to indicate that I am open to Community Resources or Financial Counseling.

\_\_\_\_\_ Initial here to indicate that you have my permission to contact other community organizations regarding my request.

*\*A copy of your bill due must accompany this form.*

**The information I have provided above is true and accurate. I understand that misrepresentation or falsification of information above could disqualify me from receiving these funds.**

Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Current Need (Be Specific, Include Copies of Bills, etc):**

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**Any other pertinent information:**

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY THE ARC OF BUNCOMBE COUNTY STAFF:

Initial Action Taken:

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Initial: \_\_\_\_\_



**THE Arc**  
**OF BUNCOMBE COUNTY, INC.**  
Working for and with people with intellectual and developmental  
disabilities and their families.

*ADVOCACY    RESOURCES    COMMUNITY INTEGRATION*

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, the undersigned legally  
responsible person for \_\_\_\_\_, do hereby  
consent and grant permission to The Arc of Buncombe County to advocate on behalf of  
\_\_\_\_\_ ; to gather and exchange information with  
any individuals or professionals representing agencies, schools, local and state facilities  
pertaining to the welfare of \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201 .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Advocate

Revised 01/03/2019



# The Arc of Buncombe County, Inc.

*Working for and with people with intellectual and developmental disabilities and their families.*

**ADVOCACY      RESOURCES      COMMUNITY INTEGRATION**

## AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS

I, \_\_\_\_\_, hereby authorize The Arc of Buncombe County, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish videotape, photographic pictures or portraits of me in The Arc of Buncombe County promotional materials, which includes but is not limited to, video productions, catalogs, magazines, brochures, public affairs releases, recruitment materials, and The Arc of Buncombe County Internet Web sites and other social media outlets, and other related endeavors.

I hereby waive any right to inspect or approve the finished video, photograph, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied. Consequently, The Arc of Buncombe County may publish materials, use my name, photograph, and/or make reference to me in any manner that The Arc of Buncombe County or project sponsor deems appropriate in order to promote and/or publicize service opportunities.

I hereby release, discharge, and agree to hold harmless The Arc of Buncombe County, its employees, or vendors (including any firm publishing and/or distributing the finished product) from and against any liability as a result of any distortion, blurring, or alteration that may occur in the taking, processing, or reproduction of the finished product, even should the same subject me to ridicule, scandal or indignity.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign the release if the individual videotaped/photographed is under 18 years of age.

This authorization is continuous and may be withdrawn by my specific written rescission of the authorization.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Federal I.D.# \_\_\_\_\_  
(i.e. Social Security)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(if subject is under 18 years of age)

Witness \_\_\_\_\_ Date \_\_\_\_\_

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