



Community Information & Referral's Community Voice Mail Program

Client Agreement of Understanding

Service Provider: _____

Agency ID: AZPHX

I understand that I have the **temporary** use of a Community Voice Mail (CVM) phone number to use for legal purposes and length of time agreed upon by me and the Service Provider who is providing me this number.

- *I agree to log into my number at least once every 30 days or the assigned CVM number may be cancelled and recycled to another client.*
- *I agree to inform the Service Provider staff (case manager) of any security password changes, of any achievements, of my outcome, whether the voicemail service was helpful, and/or if 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 other service providers or funders who have agreed to confidentiality.*
- *I understand that the Service Provider will receive a periodic report from CVM on the usage of this voice mailbox. This will assist CVM and Service Provider in evaluating my usage and the overall effectiveness of the program.*
- *I understand that I will periodically receive community messages from CVM or Service Provider and I may press 3 to stop playback and delete message or press 4 to immediately leave a voice message reply.*

Client Signature: _____ Date: _____

Client's Security Password (4-10 digits) (1st digit can NOT be ZERO): _____
(This may only be changed with permission and knowledge of case manager)

FOR CLIENT CONFIDENTIALITY & PRIVACY, THIS PAGE IS ONLY FOR SERVICE PROVIDER'S RECORDS.

DO NOT COPY or FAX this page of form (PAGE 1).

FAX DEMOGRAPHIC DATA ON OTHER SIDE / PAGE 2 TO:

602.263.0979

(Community Information & Referral, Community Voice Mail)

Client's CVM Intake-Outcome Form ~ Demographic Data

Agency Contact ~ Staff Name: _____ Staff Phone No: _____

Agency: **AZPHX** _____ FAX: _____

Client's ID # or Report Name: _____ (1st Name, Initial, Last Name, suffix)

Client's E-Mail Address: _____ (Receive notice of voice mail msg.)

Start Date: _____ Client's CVM Phone Number: () - _____ SPANISH PROMPTS? YES ___ NO ___

<p>Date of Birth – REQUIRED! Enter: (MM – DD – YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Ethnicity REQUIRED! Are you of Hispanic~Latino ethnicity? <input type="checkbox"/> Yes, Hispanic~Latino <input type="checkbox"/> No, NOT Hispanic~Latino <input type="checkbox"/> I Don't know – (Unknown)</p> <p>Race (Pick ALL that apply - REQUIRED) <input type="checkbox"/> American Indian~Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black~African American <input type="checkbox"/> Native Hawaiian~Other Pacific Isle <input type="checkbox"/> White <input type="checkbox"/> Unknown</p> <p>Gender: (Pick one - REQUIRED) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p>	<p>Current Monthly Income \$ _____ Income Sources (mark ALL that apply): <input type="checkbox"/> No financial resources <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 <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Child Support <input type="checkbox"/> Other Source _____</p> <p>Housing: Where did you sleep last night <input type="checkbox"/> Living in Emergency Shelter <input type="checkbox"/> Living on Streets <input type="checkbox"/> Living in Transitional Housing <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> At Risk of Homelessness</p> <p>Staff Verified Homeless Situation: <u>Signed by</u> _____</p>	<p>Other Characteristics/Situations: (mark ALL that apply) <input type="checkbox"/> Unemployed or under employed <input type="checkbox"/> Limited English Skills <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> On Foster Care (current / recent) <input type="checkbox"/> Parolee/Prisoner Re-entry Prog. <input type="checkbox"/> In housing; phone disconnected</p> <p>Veteran Status? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Disabling Condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>People living <u>with</u> you (dependents): # of Dependent Children _____ # of Dependent Adults _____</p>
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CLIENT GOALS (At least One is REQUIRED!)			ACHIEVEMENTS – OUTCOMES (Circle ALL that apply)		
CVM START DATE:			ACHIEVEMENT DATE:		CVM END DATE:
Goal: Employment	Yes	No	Obtained Employment ?	Yes	No Unknown
			If "yes", Is client still employed ?	Yes	No Unknown
Goal: Housing	Yes	No	Obtained Housing ?	Yes	No Unknown
Goal: Health Care	Yes	No	Obtained Health Care ?	Yes	No Unknown
Goal: Social Services	Yes	No	Obtained Social Services ?	Yes	No Unknown

Define "social services(s)":

Goal: Other Reason(s):	Yes	No	Obtained Goal Other Reason(s):	Yes	No Unknown
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Define "other reason(s)":

Goal: Safe Communications:	Yes	No	Obtained Safe Communications:	Yes	No Unknown
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Exit Reason - *If goal was not met, what was the primary reason for ending usage or exit?* (mark one)

Client abandoned voicemail box Client left agency program or service area Client reached max. time limit
 Box closed, no info/no outcome Other reason: _____

Exit Question: "How helpful was CVM in achieving the outcome(s)?"

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

Client's Assigned CVM No. () -	Fax Date:	Start Date:	
	Fax Date:	End Date:	