

White Other, explain: _____ Decline to Answer

If Asian: Asian Indian Chinese Filipino Japanese Korean Vietnamese Other/Multi Asian

How did you hear about the Montrose Center? _____

Are you a **U.S. citizen**? yes no

If no, do you have an ID? yes no Green card? yes no Visa? yes no

Were you born outside the US? yes no

Are you a **veteran**? Vet honorable discharge not a vet active duty vet other than honorable discharge

Are you a spouse/partner, child, or dependent family member of a veteran/active duty military? yes no

Marital status: legally married domestic partnership single Married but separated Widowed

Employment status: unemployed, not sought in past 30 days unemployed, sought in past 30 days

unemployed, secured a position PT (<35 hrs/wk) FT (>35 hrs/wk) not in labor force

Primary Spoken Language: English Spanish ASL Other: _____

Primary Reading/Written Language: English Spanish ASL none Other: _____

Do you have health insurance? yes no

Do you have any **physical disabilities**? (check all that apply)

mobility hearing sight speech reading learning other: _____

Do you have any **special needs**? (check all that apply)

mobility hearing sight speech reading learning other: _____

Do you have any physical challenges for which **personal care assistance** is needed while here? yes no

If yes, what assistance is needed? _____

Community resources: Are you receiving COVID services from any other agencies? yes no

If yes, where: _____

I understand that this support is limited to \$1,000 per household and can be used for rent, utilities or food. I understand I must provide a copy of my lease and a W-9 from my landlord for rental support or utility bill for utility support. Food support will be provided through gift cards.

I further agree that if I bring someone into my case management session that I am consenting to them having the information discussed in that session. I understand that this consent does not extend outside of the session unless I have signed a specific release allowing them to do so.

I understand that my case manager may offer a tele-session for case management using videoconferencing or telephone technology. My case manager has explained to me how the Doxy.me video conferencing technology will be used and that I will not be in the same room as my case manager. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my case manager or I can discontinue the tele-session if it is felt that the videoconferencing connections are not adequate for the situation. I understand that if other staff are present during the session other than my case manager, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the session and I will have the right to request the following: 1) omit specific details of my history that are personally sensitive to me; (2) ask the other person to leave the tele-session room: and or (3) terminate the session at any time. I have had the alternatives to tele-session explained to me, and am choosing to participate in a tele-session. I have had a direct conversation with my case manager, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand. By signing this form, I certify: 1) That I have read or had this form read and/or had this form explained to me, 2) That I fully understand its contents including the risks and benefits of the session(s), 3) That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction, and I consent to services provided via telehealth. I voluntarily consent to receive services from the Montrose Center.

