



Client Intake/Outcome Form

E-mail this form to CVMS@infolineinc.org or fax to: 330-253-1137

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 Signature: _____ Date: ___/___/___ Password _____

PROGRAM NAME _____ Staff _____

CVM NUMBER (____) _____

SPANISH PROMPTS? YES NO

Name _____

Start Date ___/___/___

Client Email Address _____

HMIS Client ID# _____

GOALS (check all that apply)

- Employment Housing Health Care Social Services: _____ Income (TANF, SSI, SSDI, VA, etc.)
- Safe Communication (for DV) Other: _____

DEMOGRAPHICS

Age Range (mark one):

- under 18
- 18-25
- 26-44
- 45-59
- 60 and up
- unknown

Ethnicity (mark one):

- Non-Hispanic/Non Latino
- Hispanic/Latino
- Unknown

Race (mark ALL that apply):

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

Birthday ___/___/___

Social Security # (optional) _____

Intake Monthly Income \$ _____

Income Sources (check ALL that apply):

- Earned Income
- Unemployment Insurance
- SSI
- SSDI
- Other Disability Income
- TANF (or local equivalent)
- General Assistance (or local equivalent)
- Pension/Retirement Income
- Child Support
- Food Stamps
- Veterans Financial Benefits
- Other Source
- No financial resources

Other Characteristics/Situations:

(check ALL that apply)

- Homeless (Where did you stay? _____)
- At risk of Homelessness
- Unemployed
- Limited English Skills
- Victim of Domestic Violence
- Parolee/Prisoner Re-entry Program
- Refugee or Immigrant
- Veteran
- Disabled
- Other _____

Head of Household? Yes No

of Dependent Children _____

of Dependent Adults _____

Gender: Male Female Transgender

Do you live in the City of Akron Yes No

OUTCOMES / ACHIEVEMENTS

Exit Date ___/___/___

(check all that apply)

Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Health Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Safe Comm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

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

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

comments: _____

Exit Reason - If goal was not met (no outcome), what was the primary reason for ending usage/exit?

- Client abandoned voicemail box
- Client left agency program or area
- Client reached maximum time limit
- Box reassigned
- Other reason: _____