



MASSACHUSETTS HOUSING AND SHELTER ALLIANCE



community voice mail

reconnect • achieve • results

Client Intake/Outcome Form

E-mail this form to cgolden@mhsa.net or fax it to: 617-367-5709.

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. 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.

Signed Client Initials: _____

Date: ___/___/___

PROGRAM NAME _____ **Staff** _____

CVM NUMBER (____) _____

SPANISH PROMPTS? YES NO

Client Code _____

Start Date ___/___/___

Client Code: First Initial, Last Initial, Third Letter of Last Name, Birth Date (MMDDYY), Self-Identified Gender (M/F/T). For example: ABC010177F

Client Email Address _____ *Optional (email notification when someone leaves you a voice mail)*

GOALS (check all that apply)

Employment Housing Income Related Health Care Social Services Safe Communication (for DV) Other: _____

DEMOGRAPHICS

Gender: Male Female Transgender

Birthday ___/___/___

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
- Other
- Unknown

Monthly Household Income \$ _____

Income Source:
(mark ALL that apply)

- Earned Income/Employment
- Unemployment Insurance
- SSI
- SSDI
- Other Disability Income
- TANF
- General Assistance
- Pension or Retirement Income
- Child Support
- Food Stamps
- Other _____
- No Financial Resources

Veteran Status? _____

Disabling Condition? _____

Household Composition:

Head of Household Yes No

of Dependent Children _____

of Dependent Adults _____

Other Characteristics/Situations:
(mark ALL that apply)

- Homeless
- At Risk of Homelessness
- Unemployed
- Limited English Skills
- Victim of Domestic Violence
- Foster Care Participant
- Parolee/Prisoner Re-entry Program
- In-housing (phone disconnected)
- Other _____

If homeless, type of shelter/housing: _____

OUTCOMES / ACHIEVEMENTS

Exit Date ___/___/___

(mark 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
Increased Income	<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
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 never used voicemail box
- Client reached maximum time limit
- Box reassigned
- Other reason: _____