

CHAT N CHEW INTAKE FORM

312-883-5513

www.chatnchew.org

Changing Lives One Family At A time

email: cnc@chatnchew.org



Chat N Chew: Restoring Lives, Empowering Communities

At Chat N Chew, our mission is clear: to RESTORE the lives of single parents affected by domestic violence. Our dedicated leaders, many of whom have faced similar challenges, are committed to equipping survivors with resources to RECLAIM their independence and financial security. We are more than a ministry; we are a source of support for those navigating the aftermath of abuse. Our goal is to create a supportive community that empowers individuals to break free from the cycle of poverty. Through emotional, spiritual, and financial guidance, we assist in REGAINING stability. We believe strongly in the principle of having "skin in the game," where your active participation is key to your progress. Your commitment and effort are vital as we work together towards your goals.

Rooted in our faith, we provide unwavering support to single parents and aid underserved families. Our services include life coaching, therapy if needed, and support from individuals who have overcome similar challenges. Additionally, we address food insecurity through our Food Pantry.

Please fill out the attached form, sign, and date it (pages 8-10 should be completed by your Life Coach). You can submit the form by emailing it to cnc@chatnchew.org. Once we receive your form, you will receive the contact information for your Coach. Our support doesn't end when the chaos subsides and you settle into your new life. We are here to walk with you every step of the way, providing guidance and encouragement whenever you need it.

RESTORE - RECLAIM - REGAIN

Welcome to Chat N Chew
Marvee McLendon, Founder
cnc@chatnchew.org
www.chatnchew.org

**Phase 1: Intake and Immediate Support: 1st Week/Initial Contact**

1. Initial Contact:

- Single parents in need of support reach out to the ministry via phone, email, or in-person visits.

2. Safety Assessment:

- Conduct a safety assessment to ensure that the single parent and their children are in a secure environment, free from any immediate threats or dangers.

3. Assessment and Needs Identification:

- Utilize a standardized assessment tool or checklist to identify the specific needs of the single parent and their children.
- Prioritize urgent needs such as food, shelter, clothing, and essential household items.

4. Immediate Support Provision:

- Provide emergency assistance to address immediate needs, including:
- Food vouchers or grocery deliveries to ensure access to nutritious meals.
- Distribution of clothing essentials for the parent and their children.
- Provision of household goods such as bedding, kitchenware, and hygiene products.
- Referrals to local shelters or temporary housing options if the parent is experiencing homelessness or housing instability.

5. Intake Interview:

- Assign a dedicated intake coordinator to conduct a compassionate and thorough interview with the single parent.
- During the interview, gather essential information about the parent's situation, including their living arrangements, financial status, employment, childcare needs, and any immediate concerns.

6. Connection with Outside Resources:

- Offer guidance and support in navigating external resources, including:
- Employment assistance programs and job training opportunities.
- Referrals to childcare services or daycare centers.
- Housing resources such as subsidized housing programs or rental assistance.
- Counseling and therapy services for emotional support and mental health wellness.

7. Follow-Up and Ongoing Support:

- Schedule follow-up appointments to check on the single parent's progress and address any emerging needs.
- Provide ongoing support and encouragement, maintaining regular communication to ensure that the parent feels supported and empowered on their journey.

*Note: Phase 1 focuses on providing immediate support to single parents in crisis while laying the foundation for ongoing coaching and assistance in subsequent phases.

Phase 2: Life Coach Sessions – 6 weeks, 2 times per week (or more if needed)

In Phase 2 of our program, single parents are required to attend all coaching sessions, including specialized programs like Inner Circle and Open Share, which offer tailored support and can be accessed virtually or in person. These sessions address a range of needs, including financial guidance, resume assistance, job search support, and access to resources. While direct financial assistance is not provided, our focus is on empowering single parents with the necessary tools to effectively navigate financial challenges. Additionally, our program extends assistance in securing housing and navigating the CCMS daycare application process. Furthermore, we prioritize mental health by offering essential support to help single parents cope with trauma and chaos.

Phase 3 - Empowerment Continuum: Nurturing Progress and Community Engagement at Chat N Chew

In Phase 3 of our program, following the completion of the 6-week life coaching sessions, our dedicated coaches collaborate with clients to assess their progress and determine if further support is needed. This may involve continuing with coaching sessions, referring them to licensed therapists for specialized care, or recognizing their readiness to navigate independently. Throughout Phase 3, we sustain our commitment to providing groceries, household essentials, and clothing through the CNC food pantry. Additionally, we extend invitations to various programs such as Christmas Cheer and Back to School Events, fostering community engagement and support. Furthermore, clients who have achieved stability, both mentally and financially, are warmly welcomed to volunteer with us, contributing to our mission and further empowering others on their journey.

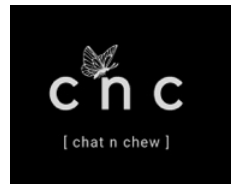
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Today's Date:

FULL NAME:		DL #:	Issuing State:	(Verified by:)
DOB:	Age:	Male <input type="checkbox"/>	Female: <input type="checkbox"/>	Ethnicity:
Current Address:				
City:	State:	Zip Code:	County:	
Cell Phone:	Work Phone:	Other:		
Number of Adults (18 years old and above) Living with you:		Number of Children Under 18 YO Living with You:		

Household Members' Name	Relationship	Age	Date of Birth	Gender
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Do you currently live with your abuser?	Are you receiving financial support from anyone:
If no, when was the last time you interacted:	If so, from whom and amount:
Do you have transportation:	Are you employed? Monthly Income:
Are you in counseling/therapy:	Name of Employer: How Long:
Counselor's Name/Tel:	Supervisor's Name/Phone #:
Any current medication (antipsychotic/antidepressants/drug/alcohol use? If so, explain briefly:	

Current	Past	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Criminal History
<input type="checkbox"/>	<input type="checkbox"/>	On Probation
<input type="checkbox"/>	<input type="checkbox"/>	Under Psych Care
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Are you receiving:
 Food Stamps: \$ _____ Disability/SSI: \$ _____ /mo. Day Care (CCMS) Housing/Section 8.
 Child Support: _____

Rent/Mortgage Amount/Month:

Landlord/Property Management Name/Address/Phone Number:

What are your immediate needs?

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Chat N Chew requires program participants to provide certain details and information, including sensitive personal and financial information, in order to determine eligibility for services. Chat N Chew expressly acknowledges that the participant’s privacy is highly valued. Therefore, Chat N Chew recognizes that all information provided in this intake form is confidential (“**Confidential Information**”). Accordingly, Chat N Chew will not disclose Confidential Information to any third parties, except that portion of the Confidential Information reasonably necessary to assist in discussions with a potential housing provider to help secure housing for the participant. In the event that Chat N Chew seeks to disclose any of the Confidential Information to a third party other than for the purposes expressly set forth above, Chat N Chew will first seek to secure the approval of the participant as to the nature and extent of the information to be released. By providing information and completing an intake form, I consent to Chat N Chew using my Confidential Information for the purposes outlined above.

PRINT YOUR NAME

YOUR SIGNATURE

DATE

CHAT N CHEW TO COMPLETE:

Referred by:	Agency:
Phone: ()	Email:

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THIS PARTICIPANT ACTIVITY WAIVER AND RELEASE dated

this _____ of _____, 20____.

BETWEEN: _____ of _____
(Your Name) (Address)

AND

CHAT N CHEW of 2140 E SOUTHLAKE BLVD UNIT L420 SOUTHLAKE, TX 76092-6516.

Voluntary Application & Consideration

1. I acknowledge that I have voluntarily applied to CHAT N CHEW to participate in and receive its charitable services or attend one of its activities or events ("CHAT N CHEW Services"). I understand as a participant that I will not be required to pay for any services that I may receive from CHAT N CHEW. Being of lawful age and in consideration of the opportunity afforded me and my minor children to receive CHAT N CHEW Services and in recognition of CHAT N CHEW's reliance hereon, I agree to all the terms and conditions set forth in this instrument ("Release"), on my own behalf and/or, if applicable, on behalf of my minor child(ren) or ward(s) who are also participating in CHAT N CHEW Services (collectively, "Participant(s)").

Assumption of Risk

2. I am assuming, on behalf of all Participants, all risk of personal injury, death, or disability to myself and/or child/ward that may result from participation, or any damage, loss or theft of any personal property which me and/or child/ward may incur.

3. I am aware, understand and acknowledge that participation in CHAT N CHEW Services could potentially involve risks and dangers which may be caused by the action, inaction or negligence of the Participant(s) or the action, inaction or negligence of others, including, but not limited to, CHAT N CHEW or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by CHAT N CHEW, or any of the volunteer workers, and all individuals or entities involved in the operations of CHAT N CHEW ("Releasees"). **The risk of serious injury, disability, death, and/or property damage. I acknowledge that any injuries that Participant(s) sustain may result from or be compounded by the actions, omissions, or negligence of the Releasees, including negligent emergency response or rescue operations. There may be risks not known to us or are not reasonably foreseeable at this time. Participant(s) is/are voluntarily participating in CHAT N CHEW Services with the knowledge of the risks and dangers involved and with the knowledge that staff assistance and/or medical facilities may not be available in the event of illness or injury.**

Release

4. I, ON BEHALF OF ALL PARTICIPANTS, HEREBY ASSUME ALL RISK AND FULLY RELEASE, ACQUIT, REMISE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE, THE RELEASEES NAMED ABOVE, OF AND FROM ANY AND ALL PAST, PRESENT, AND FUTURE CLAIMS ARISING FROM THEIR ACTS AND/OR OMISSIONS, INCLUDING BUT NOT LIMITED TO, DEMANDS, OBLIGATIONS, ACTIONS, CAUSES OF ACTION, RIGHTS, DAMAGES, COSTS, NEGLIGENCE CLAIMS, GROSS NEGLIGENCE CLAIMS, AND ANY OTHER FORM OF COMPENSATORY CLAIMS OF ANY NATURE WHATSOEVER, WHETHER BASED IN TORT, CONTRACT OR OTHER THEORY OF RECOVERY, WHETHER SAME BE KNOWN AND REALIZED OR UNKNOWN AND NOT REALIZED, THAT I, MY ASSIGNEES, HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, HAVE HAD, OR EVER WILL HAVE; ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT(S) OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO MY PARTICIPATION IN CHAT N CHEW SERVICES, ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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An Invitation to tell YOUR story. This will assist us in providing the best course of assistance for you.

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PROGRESS NOTES (TO BE COMPLETED BY LIFE COACH)

Week 1, Date:

Type here
