# Hope Reunited

#### Revised March 2023

### **Expectations**

- Live 2 Give Hope will not work harder than the client
- o In person monthly meetings will be scheduled in advance and must be attended
- o Weekly check-ins initiated by the client via email will be required each Monday before noon
- o All information regarding FSTs & court need to be provided when client is notified, no less than 1 week in advance
- o Text and phone calls will be scheduled during business hours or emergency only during nonbusiness hours
- o Live 2 Give Hope will not provide deposits for housing or utilities
- Live 2 Give Hope will conduct evaluations and provide recommendations of services or steps needed, if those are not followed in a timely matter L2GH will not continue to provide advocacy
- o Client is required to complete a minimum of 20 hours a week of employment or volunteering with proof of hours weekly.
- o Clients will need to attend the following:
  - o Budgeting Classes
  - o Safe MO Kids training
  - o Trauma training
  - o Other training/therapy as deemed necessary based on individual evaluation

Client Signature & Date	Live 2 Give Hope Advocate Signature & Date

## Live 2 Give Hope Service Coordinator Release of Confidential Information

I HEREBY AUTHORIZED THE RELEASE OF INFORMATION TO BE USED BY THE SERVICE COORDINATOR OF LIFE 2 GIVE HOPE.

THE LIVE 2 GIVE HOPE SERVICE COORDINATOR IS AUTHORIZED RECEIVE INFORMATION PERTAINING TO BENEFITS OR SERVICES PROVIDED TO ME.

Client Name Printed  Client Signature	date date	
Client Name Printed	date	
individuals involved in the delivery of	ation is strictly confidential and that it may services I desire and with State or Federal a d to me. I also understand that I have the n	gencies who may need this information to
Attorney Home Health Agency Hospital Discharge Planners Social Security Administration Counseling Providers Physician Great Circle	Community Action Program Family Members Mental Health Agencies Health & Senior Services, Veterans Administration Children's Division COPE	Family Facets Uplifting Families Other (Please Specify)

DATE:	HOPE R	EUNITED	
ID#	Social Security #		
First Name:	Middle Name:	Last Na	me:
Address:	Phone Number:	Email:	
County:			
Date of Birth:	Age:	Gender:	
Completed Education Level	Marital Status:	What type of assistance	are you seeking?
Below High School	Single	o Child Advocacy	
High school or equivalent	Married	<ul> <li>Victim Advocacy</li> </ul>	<i>I</i>
Some College	Divorced	0	
Associates Degree	Widowed		
Bachelor's Degree			
Professional			
Are you a veteran?			
Do you have a criminal history?			
If so, please list conviction types and	dates:		
, , , , , , , , , , , , , , , , , , ,			
Do you have a felony?			
Do you have a warrant for your arrest	?		
Are you the victim of sexual abuse?			
Are you in therapy?			
Spouse/Signficant Other Information		SSN:	
Address: C	City:	State:	Zip:
Employer Name:	Position:	Date Hired	:
Address:		Supervisor:	Phone:
		ORMATION	
Referred by:			

Case Number:					
Date Child/children entered care?	Number	of	County Case Originated:		
	children	in care	County Children Reside:		
Reason for placement? (Please circle one)					
Abuse; Neglect; Drugs/Alcohol, Parent imprisonment;					
Other (Please Explain)					
Agency: Children's Division - Great Circle - Other					
Case Worker Name			FST Info: Date Time		
Case Worker Phone			FST Location:		
Case Worker Email					
Supervisor Name			Court Info:		
Supervisor Phone			Date Time		
Supervisor Email			Court Location:		
GAL Name					
GAL Phone					
GAL Email					
	-L				
Case Goal:	Foster Pa	arent Info:			
Reunification	Name(s)				
Adoption	Address:	Address:			
APPLA					
County case Originated: Coun	ty where the	e child/child	ren reside:		
CHILDREN INFORMATION					
DOB Name	Grade	School At	tending		
			Т		
	1				

Automotive Informa	tion			
Males /Mandal of acres				
Make/Model of car:				
Insurance company:	Policy Date			
Is this car titled in your name?		Yes	No	
Do you have a payment on this	vehicle?	Yes	No	
Employment Info	ormation			
Employment Info	ormation	Date H	ired:	
	ormation	Date H	ired:	
Do you have a job?	ormation  Address	Date F	ired:	
Do you have a job?  Current Employer:		Date H	ired:	
Do you have a job?  Current Employer:	Address	Date H	ired:	
Do you have a job?  Current Employer:  Position	Address	Date H	ired:	
Do you have a job?  Current Employer:  Position  Supervisor	Address	Date F	ired:	
Do you have a job?  Current Employer:  Position  Supervisor	Address	Date H	ired:	
Do you have a job?  Current Employer:  Position  Supervisor  Monthly Income:	Address	Date H	ired:	
Do you have a job?  Current Employer:  Position  Supervisor  Monthly Income:  Past Employment	Address	Date H	ired:	

Supervisor		Contact		
		Info:		
Monthly Income:				
	HOPE RI	EUNITED		
Notes:				
Date:				

## **Documents needed:**

- o Signed Release of Confidential Information
- o Driver's License
- o Insurance Card
- o Copy of Lease
- o Pay Stubs
- Casenet Files
- o Case paperwork