

Hope Reunited

Revised March 2023

Expectations

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

Client Signature & Date

Live 2 Give Hope Advocate Signature & Date

DATE:	HOPE REUNITED
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ID#	Social Security #	
First Name:	Middle Name:	Last Name:
Address:	Phone Number:	Email:
County:		
Date of Birth:	Age:	Gender:
Completed Education Level Below High School ___ High school or equivalent ___ Some College ___ Associates Degree ___ Bachelor's Degree ___ Professional ___	Marital Status: Single ___ Married ___ Divorced ___ Widowed ___	What type of assistance are you seeking? <input type="radio"/> Child Advocacy <input type="radio"/> Victim Advocacy <input type="radio"/>

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/Significant Other Information:
 Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer Name: _____ Position: _____ Date Hired: _____
 Address: _____ Supervisor: _____ Phone: _____

CASE INFORMATION

Referred by:	
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Automotive Information		
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 Information			
Do you have a job?		Date Hired:	
Current Employer:			
Position		Address	
		Fax	
Supervisor			
Monthly Income:			
Past Employment			
Company		Address	
Dates Employed		Reason for leaving	

Supervisor		Contact	
		Info:	
Monthly Income:			

HOPE REUNITED

Notes:		
Date:		

Documents needed:

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