

SVDP Neighbor Record Call date: _____ Visit date: _____ Time: _____
Neighbor Information Client ID: _____ Visit By: _____

Name		No. Adults in Home	
Spouse/Partner		Males:	Females:
Street			
Apt/Lot#		No. Children in home:	
City/Zip		Boys	Girls
Phone(s)			
Email		(ages):	(ages):
Previous Help: Y / N	<u>Date:</u>	<u>Type:</u>	<u>Amount:</u>

Notes for this visit:

Private Landlord Name, Address and Phone:

Household Income/Expenses: Income _____ Job _____ S.S.I./other _____
 Child Support _____
 SNAP _____ Use a food bank? _____ WIC _____
 Rent _____ Utilities _____ Transportation? _____

Resolution/Type of Assistance:

Pledge: \$ _____ Acct #: _____ - _____
 Acct. Owner: _____ City Contact (email/first name): _____

Gas Voucher: \$: _____ Voucher #: _____ To: _____
 Food Voucher \$: _____ Voucher #: _____ To: _____
 BFT Voucher \$: _____ Voucher #: _____ To: _____
 Check 1 \$: _____ Check #: _____ To: _____
 Check 2 \$: _____ Check #: _____ To: _____

NON-CASH GOODS (estimate the value in \$):

Food: \$ _____ Furniture: \$ _____ Clothing: \$ _____ HOPE Bag: Family Oxford Homeless
 Christmas Gift Card: \$ _____ Other: \$ _____ Christmas Basket Given:

Other Service (count each): Jobs: _____ Referrals: _____ Travel Aid: _____ Spiritual Aid: _____ Other: _____

Miles traveled: _____