



Operated by:
Clark County Social Service
501 South Rancho Drive Suite #D-22
Las Vegas, Nevada 89106
(702) 455-0468
www.clarkcountynv.gov/depts/social_service

Step Up Intake Form

Hello! If you have any questions or need any assistance while completing this form please ask a staff member. We are here to help you. We will review this form with you when you are done.

PERSONAL INFORMATION

Today's Date: ___/___/___ Time: ___ (am/ pm)

Legal Name: (First) ___ (Middle) ___ (Last) ___ (Suffix) ___

Have you used any other names, including adopted names or street names? []No []Yes
If "Yes", please list any alternate names you have used: _____

Date of Birth: Month: ___ Day: ___ Year: ___ Age: ___

Where were you born? _____

Social Security Number: ___ - ___ - ___ Are you a Veteran? []No []Yes

What is your Gender (please select one)? []Female []Male []Transgender Male to Female
[]Transgender Female to Male [] I don't know []Other (specify): _____

Which of the following best represents your Race (please select one)? []White []Black or African American
[]Asian []American Indian or Alaskan Native []Native Hawaiian or Other Pacific Islander
[]Black/African American & American Indian/Alaskan Native []Black/African American & Asian
[]Black/African American & White []White & American Indian/Alaskan Native []White & Asian
[]White & Black/African American & Asian []White & Black/African American & American Indian

What is your Ethnicity (i.e. are you a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of your above race)?
[]Non-Hispanic/Non-Latino []Hispanic/Latino

What is your marital or relationship status? []Single []Married []Other: _____

If married, what is your maiden name (if applicable)? _____

Are you currently pregnant or expecting a child? []No []Yes & expected due date: _____
If "Yes", are you enrolled with WIC? []No []Yes & date enrolled: _____

Do you have any children? []No []Yes (please list child name(s), age(s), and whom they reside with)

Please check which of the following you have: []Social Security Card []Health Card []School ID
[]NV State Identification Card (ID Number) _____ Expiration Date: _____
[]NV Driver's License (ID Number) _____ Expiration Date: _____
[]Original Birth Certificate []Passport []Other (specify) _____



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If applicable, have you registered with the United States Selective Service? No Yes

CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Other Phone Number: _____ Email Address: _____

Is it ok to leave you messages and contact you using this information? Yes No

Emergency contact person for you: (Name) _____ (Relationship) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

Is it ok for us to contact this person in case of an emergency concerning you? Yes No

HOUSING STATUS

What area was your most recent living situation (please select one jurisdiction)? Henderson

Las Vegas Downtown Las Vegas Fremont Las Vegas Symphony Park Las Vegas Hope Corridor

Las Vegas Other City of North Las Vegas Boulder City Unincorporated Clark County N/A

Have you ever been continuously homeless? No Yes

If "Yes", have you been continually homeless for at least one year? No Yes

If "Yes", prior to today how many months have you been continually homeless for? _____

If "Yes", how many times have you been homeless in the past three years? _____

What was your living arrangement last night? Foster care home or foster care group home

Staying or living in a friend's room, apartment or house Staying or living in a family member's room, apartment or house

Other (please specify) _____

How long have you been at the above living arrangement? _____

Please list ALL members of your household (everyone living in your home - related or not)

<i>Name of person living in the home</i>	<i>Age</i>	<i>Relationship to you</i>
1.		
2.		
3.		
4.		

MEDICAL INFORMATION

Do you have a Disabling Condition? No Yes (please describe) _____

Do you have a Physical Disability? No Yes (please describe) _____

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", is this a Long Term Physical Disability? No Yes

If "Yes", can you provide documentation of the disability and severity? No Yes



Do you have a Developmental Disability? No Yes (please describe) _____

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", does this substantially impair your ability to live independently? No Yes

If "Yes", can you provide documentation of the disability and severity? No Yes

Do you have a Chronic Health Condition? No Yes (please describe) _____

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", is this a Long Term Chronic Health Condition? No Yes

If "Yes", can you provide documentation of the disability and severity? No Yes

Have you been diagnosed with HIV - AIDS? No Yes

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", does this substantially impair your ability to live independently? No Yes

If "Yes", can you provide documentation of the disability and severity? No Yes

Do you any Mental Health Problems? No Yes (please describe) _____

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", does this substantially impair your ability to live independently? No Yes

If "Yes", can you provide documentation of the disability and severity? No Yes

Do you have any current Substance Abuse Problems? No Alcohol Abuse Drug Abuse Both

If "Yes", are you currently receiving services or treatment for this condition? No Yes

If "Yes", does this substantially impair your ability to live independently? No Yes

Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against you (or another family member such as a child)? No Yes

If "Yes" to Domestic Violence, how long ago was the most recent experience? Within the past three months Three to six months ago From six to twelve months ago More than a year ago

Are you currently taking any medication(s)? No Yes

If "Yes", please list the medication(s) _____

Are you currently prescribed medication(s) that you supposed to be taking but are not? No Yes

If "Yes", please list the medication(s) _____

Are you currently covered by any Health Insurance? No Yes

If "Yes", what is the name of the insurance? _____

Do you currently have Medicaid Insurance? No Yes & Medicaid Number: _____

INCOME & RESOURCES

Have you received any cash income from any source during the last 30 days? No Yes

If "Yes", what is your total amount of cash income received during the last 30 days? _____

If "Yes", what is the source that the income came from (ex: SSI, job, etc.)? _____



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Are you receiving any Non-Cash Benefits? []No []Yes & check source(s) []SNAP (food stamps) []WIC
[]TANF Childcare []TANF Transportation []Other TANF Benefit []Temporary Rental Assistance
[]Section 8 []Other Non-Cash Benefit (please specify) _____

EDUCATION STATUS

Are you currently Enrolled in School? []No []Yes
If "Yes", what is the name of your school? _____
If "Yes", are you attending: []Full Time []Part Time []Other (specify) _____
Is this school for Vocational Training or an Apprenticeship? []No []Yes

What is your Highest Level of School Completed? []No schooling completed []Nursery school to 4th
grade []5th grade or 6th grade []7th grade or 8th grade []9th grade []10th grade []11th grade
[]12th grade, No diploma []Post-secondary school (ex: college) []I don't know
[]High school diploma (specify school name) _____ (graduation date) _____
[]GED/HiSET (specify school name) _____ (graduation date) _____

Have you ever had an Individualized Educational Plan (IEP)? []No []Yes

Do you need any type of educational assistance and/or have any school-related questions? []No
[]Yes If "Yes", describe you need(s) _____

EMPLOYMENT STATUS

Have you ever been employed? []No []Yes Do you have a resume? []No []Yes
Are you currently Employed? []No []Yes & name of your employer? _____
If "Yes", what is your employment status: []Full Time []Part Time []Other (specify) _____
If "Yes", what is your job title/position? _____ Start Date: _____
Do you need any type of career assistance and/or have any employment-related questions?
[]No []Yes & describe you need(s) _____

LEGAL HISTORY

Have you ever been arrested or detained by law enforcement? []No []Yes
If "Yes", what were the circumstances? _____
Have you ever been incarcerated (ex: juvenile detention)? []No []Yes
If "Yes", please list the location and the date(s) _____
Are you currently on probation? []No []Yes Have you ever been on probation? []No []Yes
Do you have any outstanding court warrants, fines and/or fees? []No []Yes



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FOSTER CARE INFORMATION

At what age (or date) did you enter into foster care? _____

If possible, please provide your biological parent's first and last name(s):

Mother: _____ Father: _____

How many foster homes have you been placed in? _____

Do you have siblings in foster care? []No []Yes & list their name(s) _____

If applicable, do you have a Court Appointed Program (CAP) attorney? []No []Yes

If "Yes", please list their name and phone number: _____

What is your DFS case worker's name and phone number? _____

PLEASE REVIEW EACH STATEMENT BELOW

_____ (initial) I agree to follow the Step Up Program Guidelines and acknowledge that a copy of the current Step Up Program Guidelines was provided to me (if not, please ask staff for a copy now).

_____ (initial) I understand the Step Up Program assists former foster youth who have "aged out" of Clark County foster care to attain economic self-sufficiency and I voluntarily agree to participate.

_____ (initial) I understand Step Up funds and resources that I may receive will be monitored by staff and I agree to use these funds and resources for their originally intended purpose(s) only.

_____ (initial) I understand that purchasing tobacco products, alcohol, illegal drugs, or other such items with my Step Up funds and resources is prohibited.

_____ (initial) I understand if I am non-compliant with the Step Up Program Guidelines that my access to program funds and resources could possibly be reduced, delayed, or terminated.

_____ (initial) I understand that I need to follow my individualized case plan to remain in compliance.

_____ (initial) I am responsible for my own behavior and will conduct myself appropriately.

_____ (initial) I understand that Step Up staff are here to assist me during this transitional period of my life and that I may bring any questions, needs, and/or concerns I may have to a staff member.

RIGHT TO APPEAL

Your exit date from foster care must first be verified before Step Up funds and resources can be dispersed. All requests are subject to review and approval. In circumstances in which funds and/or resources are denied, you have the right to request an appeal to that decision. Appeals must be made in writing to Clark County Social Service within 10 days of denial date. _____ (initial)

_____ Date: _____
Printed Name of Applicant Signature of Applicant

_____ Date: _____
Printed Name of Staff Member Signature of Staff Member