



INTAKE APPLICATION

Important information for people who are seeking services from the Social Development Department. Eligibility and services are decided on a case-by-case basis. You may refer anyone, who may need services.

Date: _____

Time: _____ a.m./p.m.

A. Please Tell Us About the Person Being Referred to Social Development Department

Person Applying: Myself Someone else

Type of Client: New Client

Established

Type of Contact: Walk-in

Office Visit

Telephone

Last Name: _____ First Name: _____ M.I. _____

Physical Address: _____

Mailing Address: _____

Contact Info: Home: _____ Work: _____

Cell: _____

Email Address, if any _____

Sex: Male Female

Place of Birth: _____ Date of Birth: _____

Nationality: Non-Belonger Belonger

Marital Status: Married Divorced Separated Single

Widow Child (below the age of 18)

Parent /Legal Guardian name: _____

Mailing Address: _____

Race/Ethnicity: White Black Hispanic/Latino
Asian Other: _____

Education: (Check the highest education level attained)

Primary Secondary
H.S. Grad/GED/Alternative Programme College Education

Work Status: Employed Unemployed

Name of Employer: _____

Address: _____ Contact #: _____

Can we call you at work? Yes No

Can we leave a message for you at work? Yes No

Best time to contact you at work: _____

B. Please Tell Us About The Person Making The Referral (leave blank if self)

NAME: _____

Relationship to person being referred: _____

Title: _____ Organization Name, if any: _____

Address: _____

Parent or Guardian must sign only if the applicant is under 18 Years old or has a legal guardian. My child or ward has my permission to apply for services from the Social Development Department. My child or ward may receive services needed for eligibility and service planning decisions. I understand the information on this application.

Parent or Legal Guardian Name: _____

Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Social Development Department services are provided on a non-discriminatory basis with regard to race, color, national origin, sex, disability, or age.

FOR DEPARTMENT USE ONLY

Type of Case:

- | | |
|---|---|
| <input type="checkbox"/> Foster Care & Adoption Services | <input type="checkbox"/> Case Work |
| <input type="checkbox"/> Disability & Rehabilitative Services | <input type="checkbox"/> Elderly Services |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Youth & Community | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Parole | <input type="checkbox"/> HYPE Programme |

PRESENTING PROBLEM: _____

Assigned Case Manager: _____

Date Turned over to Case Manager: _____

Intake Officer Signature _____ Date: _____



APPLICATION FOR SERVICE

I, _____ residing on the island of _____, British Virgin Islands and intending to maintain my residence in the British Virgin Islands as of _____ (Date of Residency), hereby voluntarily request services from the Social Development Department of the Government of the British Virgin Islands, Ministry of Health & Social Development.

I agree to participate in the Intake process, which may include a psychosocial evaluation to determine eligibility for services from the Social Development Department. I understand the length and type of treatment of each client may vary according to the client's individual needs and the social worker's judgment. In addition, I understand that the Social Development Department reserves the right to refer its clients to a more appropriate treatment service when indicated.

I agree to participate in the development of the working contract, which includes reviews at least bi-annually. I understand that if I disagree with the content of the working contract, I have the right to discuss the disagreement with my social worker and bring an administrative appeal to the Chief Social Development Officer or the Permanent Secretary at the Ministry of Health & Social Development.

I further understand that, in situations where the social worker determines that there is a risk of neglect or injury involving any child in my care, the law mandates that such concerns be reported to the appropriate authorities in order to ensure the child's safety.

I understand that I have the following rights:

- a) To receive kind and respectful care
- b) To have privacy (within the limits of confidentiality)
- c) To ask questions about the services
- d) To review me and/or my child's progress with the social worker
- e) To discontinue treatment and/or seek treatment elsewhere

My signature indicates that this information has been reviewed with me.

Applicant/Legal Guardian _____ **Date:** _____

Witness: _____ **Date:** _____



GOVERNMENT OF THE BRITISH VIRGIN ISLANDS

AUTHORIZATION OF EXCHANGE/OBTAIN INFORMATION

Client's Name _____

I hereby give permission to the Social Development Department to exchange/obtain information concerning (Client's Name) _____ for the purpose of Investigation/ Assessment.

I authorize the Social Development Department to contact the following person/agency:-
____ Employer, ____ Mental Health, ____ Magistrate's Court, ____ Social Security, ____ Dept. Of Education, ____ Attorney, ____ Sandy Lane Center, ____ Police Dept, or Other to share information regarding the aforementioned. I agree that the professionals sharing this information shall not be held liable in any manner for the release of this information.

Type of information to be obtained:

Job Info.

Student Performance Report(s)

Psychiatric Assessment(s)/ Reports(s)

Psychosocial Assessment(s)/ Report(s)

Court Report(s)

Police Report(s)

Other: _____

Client's Signature: _____ Date: _____

Witness: _____ Date: _____