

Elijah's Place

General Intake Information



The following form is for a family to complete to begin the intake process for Elijah's Place.
Please mail, fax, or email completed forms to:

Elijah's Place

Catholic Charities of Southeast Texas

2780 Eastex Freeway

Beaumont, TX 77703

Fax: 409-832-0145

Email: rfertitta@catholiccharitiesbmt.org

An Elijah's Place staff member will call you to schedule an intake meeting. For questions, please call (409) 924-4433.



CATHOLIC CHARITIES OF SOUTHEAST TEXAS

Elijah's Place

GENERAL INTAKE INFORMATION

The following information is provided for the sole use of Catholic Charities. All personal information is kept strictly confidential. Some information may be used for statistical purposes, grant funding requests, and grant reporting.

| | | | | | |
|---|--|---|------------------------|---------------|------|
| Today's Date: | | | | | |
| Parent/Guardian Last Name: | | | First Name: | | |
| Relationship to Child/Children: | | | Religious Affiliation: | | |
| Date of Birth: | | Race: | | Ethnicity: | |
| Parent/Guardian Last Name: | | | First Name: | | |
| Relationship to Child/Children: | | | Religious Affiliation: | | |
| Date of Birth: | | Race: | | Ethnicity: | |
| Address: | | | City: | | |
| State: | | | Zip: | | |
| Home Phone: | | | Cell Phone: | | |
| Email Address: | | | | | |
| What is your reason for coming to Elijah's Place | | | | | |
| How long has it been since the death of your loved one? | | | | | |
| How did you learn of the program? | | | | | |
| Please list the names of the child/children who will be participating in the program: (If there are more than 3 children participating in the program, please print additional forms, complete this section only and attach.) | | | | | |
| Child: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | | Age: |
| Race: | | Ethnicity: | | | |
| Child: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | | Age: |
| Race: | | Ethnicity: | | | |
| Child: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | | Age: |
| Race: | | Ethnicity: | | | |
| Child: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | | Age: |
| Does anyone have any special dietary needs/allergies? If so, please specify: | | | | | |
| Does anyone need any accommodations for special needs/disabilities? If so, how can we help? | | | | | |
| Race: | | Ethnicity: | | | |
| Deceased Last Name: | | | First Name: | | |
| Relationship to Child/Children: | | | Cause of Death: | | |
| Date of Birth: | | Date of Death: | | Age at Death: | |