

# SOCIAL EMERGENCY RESPONSE CENTER INTAKE FORM

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**How has the social emergency impacted you? What are your symptoms? (Check all that apply.)**

<input type="checkbox"/> Depression	<input type="checkbox"/> Loss of work
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Experienced violence to self or loved one
<input type="checkbox"/> Increased anger / irritability	<input type="checkbox"/> Loss of housing
<input type="checkbox"/> Heightened anxiety / fear	<input type="checkbox"/> Experienced bullying
<input type="checkbox"/> Increased guilt, paralysis	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Sense of helplessness	<input type="checkbox"/> Poor health care
<input type="checkbox"/> Increased desire for community	<input type="checkbox"/> Increased suspicion
<input type="checkbox"/> Increased activism	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**What do you bring to the SERC? (Check all that apply.)**

<input type="checkbox"/> Enthusiasm	<input type="checkbox"/> Art/design skill _____
<input type="checkbox"/> Healing skill: _____	<input type="checkbox"/> Open-mindedness
<input type="checkbox"/> Social/media skill _____	<input type="checkbox"/> Cooking skill _____
<input type="checkbox"/> Patience	<input type="checkbox"/> Humor
<input type="checkbox"/> Good with children	<input type="checkbox"/> Radical welcoming skills
<input type="checkbox"/> Mediation / conflict resolution skills	<input type="checkbox"/> Community organizing skills
<input type="checkbox"/> Love	<input type="checkbox"/> Wisdom
<input type="checkbox"/> Hopefulness	<input type="checkbox"/> Broadcasting/ A/V skill _____
<input type="checkbox"/> Event planning skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**What else do you want us to know?**

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