

INTAKE 1

Serving the Whole Household

A Practical Training Guide for Everyone Who Uses Intake1

Frontline Staff · Supervisors · Business Office · Integration Specialists · Mobility
Council

One Household. One Record. One Mobility Plan. One Shared Outcome.

Project Unity · Bryan, Texas · www.intake1.com

What's Inside

A Note Before We Start

If you work in human services, you already know the hardest part of this job. It is not the families. It is everything that stands between a family and the help they need.

You have sat with a mother who needed three things at once and watched her get sent to three different offices. You have filled out the same information she gave the program down the hall. You have made a referral and never found out if it worked. You have stayed late because you were the only one who remembered the whole story.

Intake1 was built by people who have done exactly what you do. It is not a new rule from someone who has never sat at a kitchen table. It is a tool to take some of that weight off your shoulders — so the family does not have to be the one holding the whole system together, and neither do you.

This guide is written in plain language on purpose. You do not need a technical background to use Intake1. You need to care about households and be willing to work from the same picture as the people around you. That is the whole idea.

Read the whole guide, no matter what your role is. At Intake1 we cross-train — everyone learns how every part works, because the model only holds together when each of us understands what the others do and how our piece connects to theirs. The frontline needs to understand the Business Office; the Business Office needs to understand the frontline; everyone needs to understand the shared record they all depend on. Each role section also stands on its own, so you can come back to any part anytime.

Part 1 — The Big Picture

The one idea behind everything

A household lives one life. But our programs are built to see only pieces of it.

Housing sees the housing piece. Workforce sees the job piece. Health sees the health piece. Each program is doing its job. Each one is reasonable. But nobody is looking at the whole family — so the family ends up being the only one who sees the whole picture. They carry the documents from office to office. They repeat their story at every door. They try to fit four different schedules into one life.

Intake1 changes that by giving everyone who serves a household **one shared picture to work from**. Not one worker doing everything. Not programs disappearing. Just one place where the household's story lives, so the next person does not have to start over.

What Intake1 is — and what it is not

Let's clear this up right away, because people worry about it.

Term	What it means (in plain words)
Intake1 IS	A shared place where a household's story, needs, and progress live, so everyone serving that family works from the same picture.
Intake1 IS	A way to stop making families repeat themselves and carry paperwork between offices.
Intake1 IS	A way to finally see whether all our combined work actually helped the household move forward.
Intake1 is NOT	A replacement for your program. Your program, your rules, your funding, and your reporting all stay.
Intake1 is NOT	A way for one agency to boss another agency around. Nobody loses control of their own work.
Intake1 is NOT	A computer making decisions. People make the decisions. Intake1 just helps people see clearly.

The honest part: Right now, most of us still run our own programs with our own paperwork. Intake1 does not erase that yet. What it does today is let us work from one shared household picture, even while each program keeps doing its own required tasks. Later, if a state or national demonstration allows waivers, we can stop some of the duplication. For now, think of Intake1 as the thing that connects the work we are already doing.

Why you would WANT to use it

Not because someone told you to. Because it makes your day better and your families' lives better. Here is what changes:

- The family tells their story once. You read what's already known instead of starting from a blank page.
- You stop asking for documents the family already handed to the program down the hall.
- When you make a referral, you can actually see what happened next.
- You are not alone with the whole household anymore. Other specialists share the load.
- When a family moves forward, you can finally see the whole journey — not just your piece of it.

Meet a real household

This is a true Intake1 story (details kept general for privacy). One mother. One connected journey.

Over several years, this household was served by 13 different frontline staff across 4 different programs — housing, financial coaching, parenting, and job training. She asked for help at least 6 times: food, school supplies, rent, post-secondary education. She was referred to other programs at least 5 times. She received services on at least 22 different occasions. And she hit at least 25 measured milestones along the way.

Here is the point: without Intake1, those 13 people would each have seen only their own slice. The family would have been the only thread connecting them. With Intake1, every one of those 13 people could see the same story — what she needed, what had already been done, and where she was trying to go.

Her journey spanned years, programs, needs, milestones, and setbacks — and it is still unfolding. That is what Intake1 is for. One household. Many needs. Many partners. One connected journey.

Part 2 — How the Intake1 System Works

Everyone who uses Intake1 should understand these four steps, no matter their role. This is the shared rhythm of the work.

Step 1 — Understand the household

When a household first comes in through any participating program, a trained staff member sits down with them and completes the Intake1 Assessment. This is not a form the family fills out alone. It is a real conversation — a staff-guided interview about the household's situation, strengths, needs, and goals across every part of life.

The golden rule: **search before you create**. Before starting a new record, you check whether this household is already in Intake1. If they are, you do not start over, and you do not redo the Assessment — you pick up from the existing baseline and only update what has changed.

Step 2 — Establish a starting point: the First Case Note

As soon as the Assessment is done, Intake1 creates the First Case Note automatically — with a single button press. Think of it as an easy-to-read summary of the family's whole situation, written in plain language.

The First Case Note does three things:

- It gives the next worker a clear picture of the whole household, fast.
- It sets a baseline — a snapshot of where this family started.
- It becomes the marker you measure progress against over time.

The First Case Note is how we stop making families repeat their whole story. The next specialist opens it, reads it, and already understands the household before the family says a word.

Step 3 — Document the work: ongoing case notes

Every time someone does something for the household, they write a case note. Each note builds the household's story over time, so the record grows as the family's life changes.

An Intake1 case note captures the real details of the work:

- Visit type and site — what happened and where.
- Referrers and who they were referred to — the handoffs.
- Services and funding streams, and the funding amount — what was provided and from which pot of money.
- Requests — what the family asked for.
- National Performance Indicators — the milestones that matter.

- Outcome — what actually resulted.

This matters for everyone: because the funding source and amount are captured in every note, **your program's reporting comes straight out of the work you already documented.** You are not doing double data entry. You document once, and it feeds your reports.

Two rules about case notes that the whole system depends on

1. Write your notes in real time — the same day. The household's next stop could be tomorrow. If you helped a family today and have not written it up, the next worker sees a record that is already out of date — and may act on the wrong information. A case note sitting in your head, or in your notebook, does not exist as far as the rest of the team is concerned. Real-time notes are how the shared record stays true to the family's actual life.

2. Read the whole recent history before you see the household — not just the First Case Note. The First Case Note tells you where the family started. The case notes since then tell you where they are now. Before a visit, read every case note since the household was last seen, so you walk in knowing the current situation — what just changed, what is in progress, what the last worker was worried about. Walking in having read only the baseline is like reading chapter one and skipping to today.

Step 4 — Turn the work into information: reporting

Intake1 turns everything captured in assessments and case notes into real-time reports. Instead of digging through files at the end of a grant period, the information is already there.

Reports include things like assessment data summaries, unduplicated client reports, case note summaries, log sheets, demographics, and grant reports. The key idea: the work you do every day becomes the proof of what your program accomplished — automatically.

The whole rhythm in one line: Understand the household → write the First Case Note → document the ongoing work → and the reporting takes care of itself.

Part 3 — The Words We Use

Every field has its own words. Here are ours, in plain language. Keep this page handy — you do not have to memorize it.

Term	What it means (in plain words)
Household	The family unit we serve — everyone whose life is connected under one roof. Intake1 organizes everything around the household, not around a single person or a single program.
Intake1 Assessment	The guided interview a trained worker does with a household to understand their whole situation across every domain. Not a form the family fills out alone.
First Case Note	The plain-language summary Intake1 creates automatically from the Assessment. It is the household's baseline — the starting picture everyone works from.
Case Note	A record of a piece of work done with the household: the service, the funding, the referral, the outcome. Case notes build the ongoing story.
Domains	The ten parts of life Intake1 looks at: Health; Nutrition; Housing & Utilities; Income; Employment & Training; Childcare & Early Learning; Education; Justice & Reentry; Child & Family Welfare; and Legal & Safety.
Household Mobility Plan	The single shared roadmap: the household's goals, the barriers in the way, who is doing what, and by when. One plan instead of four separate ones.
Household Mobility	Real, measurable movement — a family becoming more stable and closer to economic independence over time.
Household Mobility Gap	The distance between what a family actually needs to be stable and what they reliably have coming in. It shows what combination of help would close the real gap.
Benefit Cliff	The painful spot where a small raise causes a family to lose more in benefits than they gained in pay — leaving them worse off for earning more.
Investment Ledger	A household-level view of what was invested, why, from which source, and whether it actually helped the family move forward.

Term	What it means (in plain words)
National Performance Indicator (NPI)	A recognized milestone — a concrete marker of progress that programs track.
Frontline Staff	The people who sit with the household — completing the Assessment, reading the First Case Note, doing the hands-on program work, writing case notes, and helping families apply for benefits they qualify for. The heart of Intake1.
Supervisors	The people who protect the quality of the work and the staff doing it — reviewing case notes for clarity, catching records that drift or go stale, coaching staff, and keeping the shared record trustworthy across agencies.
Data Department (Data Administrator)	The people who keep the shared record trustworthy: managing user access and permissions, protecting data quality, running duplicate checks, and maintaining the reports and dashboards everyone relies on.
Business Office	The people who record every dollar of help a household receives — source, amount, date, and purpose — keeping each funding stream's accounting clean and making the real investment in a household visible through the Investment Ledger.
Integration Specialist	The person responsible for keeping the whole household in view across programs — making sure the record does not drift back into disconnected pieces.
Mobility Council	The table of people with real authority who use Intake1 information to make coordinated decisions and commit reserved resources around a household's movement.
Reserved Capacity	A portion of an agency's resources (slots, seats, funds) set aside for households that need coordinated, time-sensitive help — so a good decision can actually happen instead of hitting a waitlist.
Prescribed	Means 'standard and required.' Some parts of Intake1 cannot be customized away, because the shared picture only works if everyone uses the same core.

Term	What it means (in plain words)
EJTEP	The Education, Job Training and Employment Program. Also the name of an AI-assisted readiness check — a 'Run EJTEP Eligibility Assessment' button on the client's Case Notes page that tells all staff whether a household looks ready to enroll in education or job training.
Gemini	The AI assistant inside Intake1 that lets any staff member ask plain-language questions about a household's progress and get a clear summary from the record — instead of scrolling through months of notes.
Benefits	Public assistance programs the Assessment asks about — SNAP (food stamps), TANF, Medicaid, CHIP, WIC, SSI, SSDI, subsidized childcare, free/reduced lunch, and more. Any frontline worker must help a family apply when they clearly qualify and have not.
Informed Consent	The household's signed, knowing agreement that lets the authorized organizations work together and share their Intake1 information and progress. It is what makes sharing both safe and legal — nothing is shared without it.

Part 4 — Your Role in the Work

Here is where the big picture becomes your job. Intake1 works because different people do different parts, all from the same shared household picture. Read all of the roles below, not just your own — because we cross-train, and because you cannot do your part well without understanding everyone else's. Each one explains what that person does, how they work across agencies, and why it matters.

A note on 'across agencies': today, your agency may be the main one using Intake1, with its own programs. But the roles below are written for the full picture — where several agencies serve the same household together. Even now, the mindset is the same: you are never working from your own private version of the family. You are working from the shared one.

The Frontline Staff — across agencies

You are the heart of Intake1. You are the one sitting with the family. Everything else exists to support what you do.

What you do

- Search Intake1 before creating a record, so you never make a family start over.
- Complete the full Assessment only when the household is new to Intake1. If the household is already in the system, you do NOT do the Assessment again — you work from what is already there.
- Before you see the household, read the record — not just the First Case Note, but every case note since the household was last seen. The First Case Note is the baseline; the recent notes tell you the family's situation right now. Then ask only about what has changed, and update the record when something is genuinely different.
- Do the part of the work that belongs to your program and your expertise.
- Write your case notes in real time — the same day, while it is fresh — so the next person who sees the family knows what just happened and what they need next. A note written a week late is a note the next worker never had.
- Review what documents the family already provided before asking for them again.

The rule that saves families the most grief

If the household is already in Intake1, you do not do the Assessment again.

This is the heart of what makes Intake1 different, so let us be completely clear. When a family first enters the system, one trained worker does the full Assessment. That creates the First Case Note — the baseline. From that point on, every other frontline worker, at every other agency, **works from that baseline**. You do not sit the family down and start the whole interview over. You read what is already known, and you ask only about what has changed.

So when do you do a new assessment? Only when something has genuinely changed in the household — a new baby, a job gained or lost, a move, a change in income or household members, or enough time has passed that the picture is out of date. Then the record is updated and the baseline is refreshed, so everyone is working from the current reality again.

Think of it this way: the family told their story once. Your job is to build on it — not to make them tell it all over again.

How it works across agencies

When a family you are serving also works with a housing specialist at another agency and a job coach at a third, you all see the same First Case Note and the same plan. You are not guessing what the others did. You can see it. And when you hand off to them, it is not a blind referral into the dark — it is a visible assignment they can pick up with full context.

A moment on the frontline

Maria (parent educator): *I pulled up the Hall family before my visit. I could see the housing worker already helped them avoid eviction last month, and there's a note that mom wants to start the medical assistant program.*

Maria: *So I didn't walk in asking what's going on. I already knew. I could spend our whole visit on the kids and on how to make childcare work around her class schedule — instead of making her tell the eviction story one more time.*

James (her supervisor): *And because you noted the childcare barrier, the job coach saw it too. Nobody had to chase anybody. The family only told it once.*

Your superpower: you make the household real to everyone else. A good case note from you means a family is understood by people they may never even meet.

A duty every frontline worker shares: help the household apply for benefits

The Intake1 Assessment asks about benefits — things like SNAP (food stamps), TANF, Medicaid, CHIP, WIC, SSI, SSDI, subsidized childcare, free or reduced lunch, and others. For each one, the household's answer is recorded as: receiving it, knowing their eligibility status, or NOT knowing their eligibility status.

This is a requirement, not a suggestion.

If a household has not applied for a benefit — or does not know if they qualify — and it is clear they do qualify, the frontline worker in front of them must help them apply. It does not matter which agency you work for or which program brought the family in. If you are the one sitting with them and you can see they qualify for help they are not getting, helping them get it is your job.

Here is why this matters so much. A family might be sitting across from a housing worker, never knowing they qualify for food assistance that would free up money for rent. Or sitting with a parenting educator, never knowing their child qualifies for Medicaid. In the old way, each worker would say 'that's not my program' and the family would walk out still missing help they were entitled to. In Intake1, the household is the unit — so the benefit the family is missing becomes everyone's responsibility to notice and act on.

The rule in one line: if the answer is 'No, I haven't applied' or 'No, I don't know my eligibility status,' and they clearly qualify — you help them apply, no matter what agency you are from.

Where the Document Library becomes essential

Applying for benefits takes documents — and families get asked for the same ones over and over. Proof of identity, income, pay stubs, tax returns, proof of pregnancy, birth certificates, immunization records, lease or mortgage papers, bank statements, child support records, disability letters, and more. Right now, every program makes the family produce all of it again from scratch.

The rule for documents is simple: whichever agency gets a document first uploads it to the Protected Household Document Library.

Once it is in the Library — tagged by household member, type, source, and date — every other authorized worker can see it and use it, where the law and program rules allow. The family does not have to find it, copy it, and carry it to the next office. If the housing agency already has the family's proof of income, the workforce program can see it is there instead of asking for it again.

Think about what this saves. A single list of eligibility documents required across programs can run to more than twenty separate items — and today each household has to submit the same information for each program they apply to, siloed per program and per agency. The Document Library is how we finally stop doing that to families.

Benefits and documents in action

Carla (housing worker): *I was finishing the Hall family's assessment for rental help. On the benefits questions, mom checked 'No, I don't know my eligibility status' for SNAP and for CHIP — and looking at her income, she clearly qualifies for both.*

Carla: *Old me would've thought 'I do housing, not food stamps.' But that's not how this works anymore. I helped her start both applications right there. And the pay stubs and ID she brought for the rental application? I uploaded them to the Library.*

Workforce coach (later): *When she came to me for job training, I didn't ask for her income docs again — they were already in the Library. And I could see SNAP and CHIP were already in motion. I just picked up the thread.*

The Supervisors — across agencies

You protect the quality of the work and the people doing it. In Intake1, you are the guardian of fidelity — making sure the model is used the way it is meant to be, so the shared picture stays trustworthy.

What you do

- Review First Case Notes and case notes for completeness and clarity — would the next person understand this household?
- Watch for records drifting out of date, or families slipping through gaps between programs.
- Make sure case notes are written in real time, not days later — and coach staff to read the full recent history, not just the First Case Note, before they see a household. A late note or an unread history is how a family gets served with the wrong information.
- Coach staff when documentation gets thin, and catch 'shadow systems' — side spreadsheets that pull the story back out of Intake1.
- Protect your staff from burning out as the lone keeper of a household.

How it works across agencies

Supervisors at different agencies are all protecting the same shared record. When your standard for a good case note matches theirs, the record reads the same no matter who wrote it. That consistency is what lets a worker at one agency trust what a worker at another agency documented. You are, together, keeping one story honest.

A supervisor's conversation

James (supervisor): *I noticed your notes have gotten really brief this month. I'm not counting words — I'm thinking about the health worker who picks this up next with nothing to go on.*

Maria: *Honestly, I've been slammed. It felt faster to keep some of it in my own notebook.*

James: *I get it. But when it lives in your notebook, it's gone the day you're out sick — and the family pays for that. Let's find 10 minutes in your day so the record carries the weight, not you.*

The Business Office — across agencies

You make the money side honest and visible. Every dollar of help a family receives — rent, utilities, childcare, emergency funds — gets recorded so we can see the real investment in a household.

What you do

- Record financial payments made on behalf of households: the source, the amount, the date, the purpose.
- Keep each funding stream's accounting clean and correct, so program and funder reports hold up.
- Maintain the Investment Ledger — the household-level view of what was invested and whether it helped.

How it works across agencies

This is where something powerful happens. When the Business Offices of several agencies all record their household payments in Intake1, you can finally see the total public and private investment in one family — not just your agency's piece. For the first time, the question 'what did it actually take to help this household move?' has a real answer. And crucially, each agency's own financial integrity stays intact — you are not merging budgets, you are making the combined picture visible.

Why the Business Office matters more than people think

Denise (business office): *People think we just cut checks. But when I record that we paid \$600 toward rent and tag it to the household, that dollar becomes part of the story — not a number lost in a spreadsheet.*

Integration Specialist: *And when the childcare agency and the workforce program do the same, we can show a funder: here is everything it took to get this mom working. That's the argument that keeps programs funded.*

The Data Department — across agencies

You keep the whole system honest and working. If the frontline makes the household real and the Business Office makes the money visible, the Data department is what makes sure the shared record can actually be trusted — clean, current, secure, and ready to tell the truth when a report is run.

One important thing to understand about access

In Intake1, everyone who is authorized sees the whole household. There is no "you can see this part but not that part." Everyone works from the same First Case Note and the same complete picture. That is the entire point — the moment we start walling off pieces of the record from each other, we have rebuilt the very silos Intake1 exists to tear down.

Why that is safe: Intake1 is only for government-funded organizations, and every one of them is held to the same confidentiality standard. Everyone admitted agrees to protect the information, and a breach has real consequences — you can be fired for it. The protection is not about hiding parts of the record from the people serving the family. It is about making sure only trusted, accountable organizations are ever let in — and that everyone inside is bound by the same rules.

What you do

- Manage who is authorized into Intake1 — setting up and removing users from the government-funded organizations approved to serve households, and making sure each one has agreed to the shared confidentiality standard.
- Protect data quality — making sure records are accurate, complete, current, and entered the right way.
- Run duplicate checks — catching it when the same household gets entered twice, so the story does not split into two half-records.
- Maintain the reporting fields and dashboards everyone depends on, so the numbers come out right.
- Keep the audit trails — a record of who did what in the system — so everyone stays accountable to the shared confidentiality standard.
- Keep an eye out for 'shadow systems' and stale records, and flag what needs attention.

How it works across agencies

This is where you quietly hold everything together. When several agencies work from one shared record, someone has to make sure that record stays trustworthy for all of them. If one household is entered twice, a worker at another agency might read the wrong half and never know. If the wrong organization gets access, the whole trust of the system is at risk. The Data department is the reason a worker at one agency can trust what a worker at another agency entered —

because the record is kept clean, secure, and consistent underneath it all, and because only properly authorized organizations are ever let in.

And here is the part people forget: **the reports only work because the data is good.** When a funder asks what a program accomplished, or when the Mobility Council needs a clear picture of a household, they are trusting work the Data department did long before anyone pressed a button. Good data is invisible when it works — and painfully obvious when it does not.

Why the Data department matters more than people realize

Ray (data staff): *A frontline worker called me frustrated — said the system showed two different versions of the same family. She was right. The household had been entered twice, months apart, by two different programs.*

Ray: *If I hadn't caught and merged it, half her progress would've been invisible to everyone. The housing work would've lived on one record and the job training on the other — and nobody would've seen the whole story.*

Supervisor: *So the family would've looked like two people doing half as well as one person actually doing.*

Ray: *Exactly. My job is to make sure one household stays one household in the system. That's the whole promise, really.*

A note for small agencies: this does not always mean a separate hire. In a smaller organization, one person may wear the data hat along with other duties, or a supervisor may handle it. But someone must be clearly responsible for user access, data quality, and duplicate checks — because when no one owns the data, the shared record slowly stops being trustworthy, and everything built on top of it weakens.

The Integration Specialist — across agencies

You are the one who keeps the whole household in view. As specialists each handle their own piece, there is always a risk the family quietly turns back into scattered fragments. Your job is to make sure that does not happen.

What you do

- Keep the whole-household picture visible, so no family becomes just a collection of separate program files.
- Review the Assessment and First Case Note for the real, connected story — spotting gaps, duplication, and stale information.
- Prepare complex households for coordinated review, so the people with authority can act.
- Make sure the household's own goals stay at the center, not just each program's goals.

How it works across agencies

You are the connective tissue between agencies. When a family is being served by five programs, you are the person asking: do these five pieces add up to one coherent plan, or are we five reasonable programs accidentally working against each other? You do not take over anyone's expertise. You protect the thing no single specialist is responsible for — the whole.

Important, and honest: a single agency does not have to hire a separate Integration Specialist to start. Often a supervisor or lead staff person carries this responsibility. But someone must be clearly accountable for keeping the household whole — it cannot be nobody's job.

The Integration Specialist in action

Integration Specialist: *I was reviewing the Johnson household and something didn't add up. The workforce program had mom in a class that meets at 8 a.m. But the childcare the family uses doesn't open until 8.*

Workforce coach: *We didn't know that. We just enrolled her in the next available class.*

Integration Specialist: *Right — each of you did the reasonable thing. But together it was about to set her up to fail on day one. That's my job: to catch the seam before the family falls through it.*

The Mobility Council — across agencies

This is where coordinated decisions actually get made and resources actually get committed. A Mobility Council is not a coalition that talks. It is a table of people who can say yes — and make it stick.

What it is

The Mobility Council is made up of people from participating agencies who have the authority to commit resources, assign responsibility, and set timing. They use real Intake1 information to answer one question about a household: what coordinated action will change this family's situation fastest?

Why a council is different from a meeting

We have all sat in coordination meetings where everyone nods, everyone cares, and nothing changes — because the people in the room could discuss but not decide. The Mobility Council fixes that. Its members come with authority. When they decide a family needs a childcare slot this week, someone at that table can actually make it happen.

The mechanism that makes it real: Reserved Capacity

Here is the piece that turns a nice meeting into an operating system. Participating agencies agree to **reserve a portion of their capacity** — a share of their Head

Start slots, childcare openings, training seats, housing assistance, scholarships, transportation support, or emergency funds — specifically for households that need coordinated, time-sensitive help.

Not all of it. A portion.

Because otherwise the Council makes an excellent decision on Tuesday, the childcare agency says the waitlist is eleven months, everyone nods sympathetically, and nothing has changed for the family. Coordinated decisions require reserved resources — or they are just well-informed opinions.

A share of each agency's capacity gets dedicated to household mobility instead of program isolation. That is the deal.

How the percentage works, in practice

Each agency decides what share of its capacity it can reserve — it might be a small percentage of slots or funds to start. The exact number is a local decision, made honestly based on what the agency can truly commit. The point is not a big number. The point is that the commitment is real and reserved in advance, so that when the Council acts, the resource is actually there. A community should not claim to have a Mobility Council if no agency has reserved anything — that is just a meeting with a new name.

The Mobility Council deciding

Integration Specialist: *The Rivera family is at a tipping point. Mom starts work in two weeks, but there's no childcare, and without it she can't take the job.*

Childcare agency rep: *We hold back a few reserved slots for exactly this. I can commit one today, effective next week.*

Workforce rep: *And I'll reserve her a transportation stipend from our coordinated fund so the commute doesn't sink it.*

Council chair: *Decided. Childcare slot and transportation committed, both starting before her first day. Let's document it in Intake1 and check back in thirty days to see if it held.*

That is the difference. Not 'we'll see what we can do.' A real decision, backed by reserved resources, documented, and followed up. The family does not become the one chasing it down.

Part 5 — Informed Consent: The Household Says Yes First

Everything in Intake1 rests on one thing: the household's permission. Before any of us share a family's information with another agency, the household signs an informed consent — a clear agreement that says, in plain terms, 'yes, you may all work together and share my information and my progress to help me.' Without that signed consent, there is no shared record. With it, everything the rest of this guide describes becomes possible.

Consent is what makes 'everyone shares' both safe and legal.

We are able to say that every authorized organization sees the whole household precisely because the household agreed to it, knowingly and in writing. The family is not having their information passed around behind their back. They decided to let the people helping them work as one team — and they can ask questions about it, and they can change their mind.

What the household is agreeing to

Informed consent only counts if it is truly informed. That means the worker explains — in words the family actually understands, not legal jargon — what they are signing. A good consent conversation makes all of this clear:

- What information is collected — the household's situation across the ten domains, documents, services, and progress.
- Why it is needed — so the people helping them can work from one picture instead of making the family repeat everything.
- How it may be used — to coordinate care, services, benefits, and (where it applies) agency or court requirements.
- Who may see it — which approved organizations and roles are part of their Intake1 team.
- Their rights — that they can ask questions, see what is in their record, and challenge or correct anything that is wrong.
- That it is their choice — and that they can ask about limits or withdraw consent, understanding what that means for coordinated help.

One consent, not a stack of forms

Part of the dignity of Intake1 is that the household gives one clear Intake1 authorization — not a new full intake and a new pile of release forms at every single door. Separate legally required releases may still be needed for specific purposes, but they should never trigger starting the whole story over again. The family said yes once, to a team.

Why this matters even more as we grow

As Intake1 grows and more kinds of partners come into a household's team, informed consent becomes even more important, not less. The more organizations that share a household's information, the more the household deserves to clearly understand and agree to it. Consent is not a form we rush past to get to the real work. For the family, it is the real work: it is the moment they decide to trust us to act as one team on their behalf.

Informed consent in action

Maria (frontline): *Before we got into anything, I walked through the consent with Mr. Hall. I didn't just slide the form across. I explained: this lets the housing folks, the health folks, and me all see the same picture so you don't have to tell your story five times.*

Maria: *He asked, 'So who exactly can see this?' Good question — and I could name the organizations on his team. I also told him he could see his own record and tell us if anything was wrong, and that he could ask us to stop.*

Mr. Hall: *That actually made me feel better about it. Nobody's ever told me who's looking at my information before. Usually I just sign because I have to.*

Part 6 — The AI Tools That Help You Work Smarter

Intake1 includes AI-assisted tools. Before anyone worries: these tools do not make decisions, and they do not replace you. Their only job is to help staff see the household clearly and quickly — to assess readiness, summarize progress, and keep attention on the family's movement instead of buried in long records. Every role should know how to use them, because they are also how we check whether the frontline work is actually getting done.

A quick note: both tools are currently in BETA. On the screen you will see them labeled "BETA" — "BETA: Ask Gemini About This Client" and "BETA: EJTEP Eligibility Assessment." That simply means they are newer features still being refined. It is a good reminder of why human judgment always stays in charge: the AI is a helper, not the decision-maker, and that is true whether a feature is brand new or well established.

What AI does in Intake1, and what it never does.

It DOES: summarize a household across the ten domains, spot strengths and barriers, turn long case notes into short summaries, support readiness checks, and help supervisors and Integration Specialists understand a household fast. It NEVER: decides eligibility, approves funding, sets priorities, or makes a service decision. Those always stay with people. AI helps you see; you decide.

Tool 1 — The EJTEP readiness check

On the client's Case Notes page there is a green button that says Run EJTEP Eligibility Assessment — EJTEP stands for the Education, Job Training and Employment Program. When a worker clicks it, the AI runs a structured review of what is in the household record and tells the staff whether this household looks ready to enroll in an education or job training program.

And here is the important part: it tells all the staff, not just one. Every authorized worker serving that family can see the readiness picture.

Why this matters so much

Education and training are not just sign-ups. An adult learner may be motivated and capable but still facing childcare, transportation, income, housing, caregiving, or past interrupted schooling. When a program enrolls someone without seeing those realities, it can set them up to fail one more time. The EJTEP check looks at readiness, career interests, work history, household stability, caregiving, transportation, finances, support systems, and motivation — so the team can ask the right question: what has to be in place for this person to actually finish?

The EJTEP check is a readiness flag, not a verdict.

If it shows a household is ready, that is a green light for a worker to act — to connect the family to training and to make sure the supports around it (childcare, transportation) are lined up. If it shows they are not ready yet, that is not a 'no.' It is a map of what to address first so enrollment succeeds instead of becoming another failure experience.

Tool 2 — Asking questions with Gemini

Intake1 also lets staff ask questions, in plain language, about a household's progress — using an AI assistant (Gemini). Instead of scrolling through months of case notes, a worker, supervisor, or Integration Specialist can simply ask, and get a clear summary drawn from what is actually in the record.

You might ask things like: What progress has this household made toward stable housing? What barriers keep coming up for this family? Has anything changed since the last assessment? What is still unresolved? The point is to keep attention on the household's mobility — not to go digging.

Why every role needs these tools — checking that the work is getting done

These tools are not only for the frontline. They are how supervisors, the Business Office, Integration Specialists, and the Mobility Council can quickly check whether the household is actually being served well — and whether the frontline work is being done efficiently.

- A supervisor can use Gemini to see, in seconds, whether a household's record shows real progress or has gone quiet — a sign a case may need attention.
- An Integration Specialist can ask whether the pieces across agencies are adding up, or whether a family is stalling between programs.
- The EJTEP flag lets everyone see when a family is ready for a training opportunity — so a ready household does not get missed because one worker was too busy to notice.
- Leadership can see whether readiness flags are being acted on, and whether progress is being documented — a window into whether the model is actually being used the way it should be.

Use the tools to help families, never to punish staff.

The AI tools in action

James (supervisor): *Instead of reading six months of notes, I asked Gemini what progress the Rivera family had made. In one summary I could see housing was stable, but the job-training goal hadn't moved in two months.*

James: *So I checked the EJTEP box on her file. It showed she was ready — the only thing missing was childcare. That told me exactly what to coach my worker on: the readiness was there, we just hadn't lined up the support.*

Maria (frontline): *And honestly, it helped me too. I hadn't realized she was ready. The flag caught something I would've missed in a busy week.*

Part 7 — How It All Fits Together

Now put the pieces back into the whole. Follow one family through the system and watch every role do its part — all from the same shared picture.

Term	What it means (in plain words)
Frontline	Sits with the family, completes the Assessment, writes the notes, does the hands-on work.
First Case Note	Turns that Assessment into the shared starting picture everyone else reads.
Supervisors	Keep every note clear and consistent, so the shared picture stays trustworthy across agencies.
Business Office	Records every dollar so the real investment in the household is visible.
Data Department	Keeps the shared record clean, secure, and duplicate-free, so every report and every decision can be trusted.
Integration Specialist	Keeps the whole household in view and catches the seams before the family falls through them.
Mobility Council	Makes the coordinated decisions and commits the reserved resources that actually move the family.

No single person carries the household. No single program owns it. Everyone works from one shared picture, and each does the part that is theirs. That is the whole model — and it is why it keeps working even when one person takes a vacation or leaves.

What we are doing now, and what comes later

Let's be straight about where we are today, because it matters.

Right now, most of us are working **like a single agency with many programs**. Each program still runs its own required paperwork and reporting. Intake1 does not erase that yet. What it does today is let us work from one shared household picture, coordinate our work, see each other's pieces, and stop making families repeat themselves where we can.

Later, if a state or national demonstration grants waivers, we can go further — we can actually **stop duplicating** the intakes, assessments, and systems that the shared record could replace. That is the future we are building toward. But we do not have to wait for it to start helping families better today.

You do not have to change your program to start using Intake1. You just have to be willing to work from the same household picture as everyone else serving that family. Everything good flows from that one choice.

The promise, in one page

If you remember nothing else from this guide, remember this:

- **A household lives one life. We will serve it like one.**
- **The family tells their story once. We carry it for them from there.**
- **A referral is not the finish line. We confirm the help actually arrived.**
- **When a resource is missing, we say so — we never turn a shortage into a judgment about the family.**
- **No one works alone. The weight is shared.**

We are all serving the same household.

It is time we worked like it.

One Household. One Record. One Mobility Plan. One Shared Outcome.

Project Unity · Bryan, Texas · www.intake1.com