



Client Intake Information

DATE:

NAME:

EMAIL:

DATE OF BIRTH:

AGE:

PHONE:

VETERAN? YES NO

ID CARD: YES NO STATE ISSUED:

SSN:

INCOME (Check all that apply)

Currently Working? DOC Housing Voucher?

SSI: SSD: OTHER:

HEALTHCARE (Check which one is applicable)

MEDICAID: MEDICARE: BOTH:

OTHER:

Any Mental Health past or present and do you receive services?

Any chemical dependency past or present and do you receive services?

BARRIERS TO HOUSING

Eviction (past or present): YES NO

Date:

Other:

INCARCERATION OR ARREST HISTORY

Charges Pending?

Charge:

County:

Status:

DOC NUMBER:

Are you working with any other organization or case managers that are helping with resources?

YES NO

WORK HISTORY

Are you working now? YES NO

Employer

What type of work do you do?

Are you looking for work? What type of work?

Do you now or plan on attending school or training and what type of training? YES NO



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NAME:

DATE:

EMERGENCY CONTACTS / FAMILY OR FRIENDS:

CONTACT 1

Name:

Relationship:

Address:

Phone:

CONTACT 2

Name:

Relationship:

Address:

Phone:

ADDITIONAL INFORMATION: *What should we know about you to assist you? Please feel free to write below.*

By signing this document you are attesting the information to be true and complete to the best of your ability.

Applicant Signature

Staff Signature

Date:

Date: