



Hale Koku'a Foundation
Ana; 808-800-7821
Tim: 808-450-8868
www.halekokuafoundation.org

Client Intake Information

Name: _____

Date: _____

E-mail: _____

Agency affiliation: _____

Birth Date: _____

Age: _____

Vet:

Phone: _____

Email: _____

ID Card:

SS card:

Income

Working:

DOC Housing Voucher

SSI:

SSDI:

Other:

Healthcare

Medicaid:

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: _____

Debt: _____

Other: _____

Incarceration or Arrest history

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

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

Work history

Are you working or looking for work? Type?

Do you plan on school or training and what type of training: _____

What should we know about you to assist you? Please feel free to write below.

Emergency Contacts/Family or friends

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

Resident
Signature _____

Comments.

Staff
Signature _____

