INTAKE/ASSESSMENT FORM

(This form must be completed within 30 days of program entry)

IDENTIFYING INFORMATION

Date Information is Gathered: _____

1. Applicant Last Name: _____ First Name: _____ MI: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____ Zip of Last Address: _____

4. Phone where applicant can be reached: (ex. xxx-xxx-xxxx) _____

5. Social Security Number: _____ (ex. NNN-NN-NNNN) 6. Date of Birth: _____ (mm/dd/yyyy) 6a. Place of Birth: _____

7. Gender: ____a. Male ____b. Female ____c. Transgender

8. Race:

_____a. White _____b. Black/African American _____ c. Asian

_____ d. Multi-Racial (Please specify) _____

9. Ethnicity: ____ a. Hispanic or Latino _____ b. Non Hispanic or Non-Latino

10. What is applicant's primary language? _____ Secondary language, if applicable? _____

11. Relationship Status: _____ a. Single _____b. Married _____c. Widowed/Widower

_____ d. Married & Separated _____e. Divorced _____f. Significant Other
_____g. Domestic Partner _____h. Other (Specify) _____

12. Are there any identified, past or current, domestic violence issues? _____ Yes _____ No _____ Currently

a. Please describe, with dates of incidents.

_____

13. Is applicant a Veteran, (anyone who has been on active military duty) _____ Yes _____ No

FAMILY

14. Enter family members that may serve as an emergency contact. If none or info is unknown enter N/A.

Name (Of Family Member)	Relationship to Applicant	Gender	Date of Birth

a. Identify any service needs of applicant's immediate family members:

_____

_____

b. Identify any family members who have been supportive:

_____

_____

c. Identify any family members who have not been supportive:

_____

SUPPORTIVE HOUSING REFERRAL

15. Date of Referral _____ 16. Referring Person's Name: _____

17. Referring Person's Agency & Telephone Number: _____

18. Application Date: _____

19. Would you like to refer anyone? If so what is their number: _____

HOUSING HISTORY

As part of questions 20 & 21, the attached Homelessness Verification Form needs to be completed.

20. Is this person at risk of homelessness? _____ Yes _____ No

a. Please describe circumstances:

_____

21. Length of homelessness this episode:

_____ a. Not homeless at present _____e. At least 1 year but less than 2 years

_____ b. Less than one month _____f. Two years but less than three _____

c. At least 1 month but less than 6 months _____g. Three years or more

_____ d. At least 6 months but less than 1 year

22. Number of episodes in past five years: _____

23. Approximate number in lifetime: _____

24. Within the last four (4) years, how many nights, months, or years, if any, have you spent in a shelter (s)?

_____

a. Could you provide the names and dates of your shelter stay?:

_____

25. Where have you slept for the last thirty (30) days? Check all that apply. **Check all that apply.**

a. Non-housing (Street, park, car)	
Emergency Shelter, please name. b.	
c. Transitional Housing	
d. Psychiatric Facility	
e. Substance Abuse Treatment Facility	
f. Hospital	
g. Prison/Jail	
h. Domestic Violence Shelter	
i. Living with friends/family	
j. Rental Housing	
k. Own apartment or house	
l. Motel/hotel	
m. Foster Care	
n. Other (specify):_____	

26. Is applicant receiving a housing subsidy? _____ Yes _____ No

    a. What type of housing subsidy is the applicant receiving?

    _____

27. Does/did applicant pay own rent? _____ Yes _____ No

28. Does/did applicant pay for own utilities? _____ Yes _____ No

29. Has applicant ever been evicted? _____ Yes _____ No

30. Reason for leaving last housing situation.
    a. _____ Eviction due to unpaid rent
    b. _____ Eviction for reason other than unpaid rent
    c. _____ Conflict with friends or family
    d. _____ Overcrowding
    e. _____ Domestic violence
    f. _____ Incarceration

g. _____ Hospitalization, including long term treatment
h. _____ Housing condemned
i. _____ Fire
j. _____ Other, please explain

_____

31. Please list housing history for last five (5) years including: Location, approximate dates, lease holder or relationship to primary tenant, reason(s) for leaving.

_____

_____

31a. Please identify any contributing factors to housing instability:

_____

_____

PERSONAL HEALTH INFORMATION

As part of questions 32 & 33, the attached Disability Verification Form needs to be completed.

32. Does applicant have a disability of a long duration? ____ Yes ____ No ____ Don't Know ____ Refused

33. Is applicant currently or have they ever been diagnosed with any of the following?
a. Mental illness……..... _____ Yes _____ No _____ Currently
b. Alcohol abuse..…….... _____ Yes _____ No _____ Currently
c. Drug abuse…….. _____ Yes _____ No _____ Currently
d. HIV/AIDS and related diseases..... _____ Yes _____ No _____ Currently
e. Developmental disability…….....…..._____ Yes _____ No _____ Currently
f. Physical disability……......_____ Yes _____ No _____ Currently

34. Does applicant have a history of any psychiatric conditions? _____ Yes _____ No **Check all that apply.**

	Currently Experiences:	**History of:**
Homicidal ideas/attempts		
Assaultive behavior		
Delusions		
Severe depression		
Severe thought disorder		

Cognitive impairment		
Suicidal ideas		
Suicidal attempts		
Hallucinations		
Arson/fire setting		
Victim of Sexual abuse/assault		
Victim of Trauma		
Other (specify)		

a. If applicable, please list hospitalizations for these conditions.

35. Does applicant receive psychiatric care? _____ Yes _____ No

    a. If yes, please list name, address and phone number of all psychiatric care providers.

36. Does applicant have a history of any substance abuse disorders? _____ Yes _____ No

    a. If yes, please list drug(s) of choice, frequency of use, approximate date of last use.

37. Does applicant have any current or past history of substance abuse treatment? _____ Yes _____ No

    a. If yes, please list name, address and phone number of all substance abuse providers.

38. Is applicant involved in any 12-step or other self help recovery programs? _____ Yes _____ No

    a. If yes, which program(s)?

39. If applicant is substance free, for how long has s/he been substance free?

40. If applicant is currently using substances, is s/he interested in substance abuse treatment? ____ Yes ____ No

    a. If no, what type of treatment is applicant interested in?

    _____

41. Does applicant have a history of any medical conditions? _____ Yes _____ No

    a. If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

_____

_____

41a. Date of last physical; OB/GYN, and dental appointments for all household members as appropriate:

_____

_____

42. Is applicant allergic to any medications? _____ Yes _____ No

    a. If yes, please list medication allergies.

_____

_____

42A. PLEASE LIST CURRENT MEDICATIONS THE TENANT IS ON:

_____

_____

_____

_____

43. Where does applicant receive medical care? Please list name, address and phone number of all health care providers.

_____

_____

SOCIALIZATION

44. Describe applicant's participation in faith/spiritual activities, if any?

45. Describe applicant participate in any social networks, or recreational activities? Please list the name(s) of the social/recreational network:

VOCATIONAL & EDUCATION HISTORY

46. Does applicant or anyone living with him/her have a source of income? _____ Yes _____ No

    a. What is the source of income?

47. Does applicant or anyone living with him/her have any entitlements pending? _____ Yes _____ No

    a. What entitlement(s) is/are pending? _____

Person Receiving Income	Other's Name	Source of Income	Date Applied	Amount Receiving
___ Applicant ___ Other_____		a. Social Security Income (SSI)	_____	$_____
___ Applicant ___ Other_____		b. Social Security Disability Income (SSDI)	_____	$_____
___ Applicant ___ Other_____		d. General Assistance (SAGA)	_____	$_____
___ Applicant ___ Other_____		e. Temporary Aid to Needy Families (TANF)	_____	$_____
___ Applicant ___ Other_____		f. Child Support	_____	$_____
___ Applicant ___ Other_____		n. Alimony	_____	$_____
___ Applicant ___ Other_____		g. Veteran Benefits	_____	$_____
___ Applicant ___ Other_____		h. Employment Income	_____	$_____
___ Applicant ___ Other_____		i. Unemployment	_____	$_____
___ Applicant ___ Other_____		j. Medicare	_____	$_____
___ Applicant ___ Other_____		k. Medicaid	_____	$_____
___ Applicant ___ Other_____		l. Food Stamps	_____	$_____
___ Applicant ___ Other_____		m. Other (please specify)	_____	$_____

___ Applicant ___ Other_____ n. No financial resources _____ $_____

48. Please list any outstanding debts, including type of debt and amount:

_____

_____

49. Please list any financial obligations including the amount (e.g. child support, alimony):

_____

_____

50. Is applicant currently employed, either part-time or full-time? _____ Yes _____ No

a. If yes, where is applicant employed?

_____

b. If no, does applicant wish to be employed, either now or in the future? _____ Yes _____ No

b2. If yes, in what area of employment does applicant wish to work? _____

c. Describe applicant's work experience or history, if applicable.

_____

_____

51. Does applicant need training or vocational support to achieve employment in desired occupation? ____ Yes ____ No

52. Is applicant currently participating in vocational or employment training programs? _____ Yes _____ No

a. If yes, please identify the training program?

_____

b. If no, does applicant wish to enroll in a vocational or employment training program? _____ Yes _____ No

52a. Is applicant currently enrolled in an educational program, either part-time or full-time? _____ Yes _____ No

a. If yes, where is the applicant enrolled?

_____

b. If no, does the applicant wish to be enrolled, either now or in the future? _____ Yes _____ No

LEGAL INFORMATION/HISTORY

53. Does applicant have any current legal issues? _____ Yes _____ No

a. If yes, please list description of charges and any pending court dates.

b. Does applicant have legal representation? _____ Yes _____ No

b2. If yes, please list name and address and phone number of attorney or legal advocate.

54. Is applicant currently on probation? _____ Yes _____ No

55. Is applicant currently on parole? _____ Yes _____ No

a. If yes to either #54 or #55, please list name and contact information of probation/parole officers(s)

56. Does applicant have any prior arrests, convictions or incarceration? _____ Yes _____ No

a. If yes, please list.

57. Does applicant have a Guardian? _____ Yes _____ No

a. If yes, is he/she a Guardian of person? ____ Yes ____ No,

b. If yes, is he/she Guardian of property (money)? ____ Yes ____ No

c. If yes, is he/she Guardian of both person and Property? _____ Yes _____ No

d. If yes, enter name, telephone number and address of Guardian :

ADL's

58. Does the applicant have difficulty with any of the following areas of daily living? In addition, please list any strengths the tenant may have.

Check all that apply.

a. Paying rent/utilities	
b. Lease compliance	
c. Housekeeping	
d. Money management	
e. Driving/using public transportation	
f. Arranging apartment repairs	
g. Use of mental health services	
h. Use of health services	
i. Securing/Maintaining Benefits	
j. Meal preparation	
k. Shopping for food and other necessities	
l. Taking medication as prescribed or instructed	
m. Filling prescriptions	
n. Socialization	
o. Hygiene	
p. Other (specify):_____	

EMERGENCY CONTACT

59. Emergency Contact Person:_____ _____

Address: _____

Telephone # _____

Date of Application for Housing: _____

Applicant Signature:_____ Date _____

Case Manager : _____ Date _____

Case Management Supervisor: _____ Date _____