



\$20.00 Application Fee

SUPPORTIVE HOUSING INTAKE/ASSESSMENT FORM

Unit Size and Monthly Rental Rate
____ SRO (\$400) ____ 1bed (\$525-575) ____ 2bed (\$625) ____ 3Bed (\$675)
Deposit for SRO is 250 and 500 for all other units.
*Rent to be pro-rated to date of lease

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. XXX-XX-XXX)
6. . Date of Birth: _____ 6a. Place of Birth: _____
(mm/dd/yyyy)
7. Gender: _a. Male _b. Female _c. Transgender _d. Other
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 ____ f. Domestic Partner ____
b. Married ____ g. Significant other ____
c. Widowed/Widower ____ h. Other (specify) _____
d. Married & Separated ____
e. Divorced ____
12. Are there any identified, past or current, domestic violence issues? Yes ____ No ____ Currently ____

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 live with the applicant

Name (Not Applicant)	Relationship to Applicant	Social Security Number	Gender	Date of Birth

a. Identify any service needs of applicants immediate family members: _____

b. Identify any family members who have been supportive: _____

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

15. Enter family members that do not live with the applicant: (family placement, non-custodial parent, foster care, etc)

Name (Not Applicant)	Relationship to Applicant	Social Security Number	Gender	Date of Birth

15a. Child Welfare Involvement: For Parents of minor children, including non-custodial parents, history of child welfare involvement, including current case status: _____

15b. Identify the ability of the parent(s)/guardian(s) to meet the needs and ensure the safety of minor children. Identify parenting strengths and areas of support needed: _____

SUPPORTIVE HOUSING REFERRAL (if applicable)

16. Date of Referral _____ 17. Referring Person's Name: _____

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

19. Application Date: _____

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

____ b. Less than 1 month

____ c. At least 1 month but less than 6 months

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

____ e. At Least 1 year but less than 2 years

____ f. Two years but less than three years

____ g. Three years or more

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)? _____

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

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

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

j. ____ Other, please explain _____

f. ____ Incarceration

g. ____ Hospitalization, including long term treatment

h. ____ Housing condemned

i. ____ Fire

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. _____

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?

	Yes	No	Currently
a. Mental Illness			
b. Alcohol Abuse			
c. Drug Abuse			
d. HIV/AIDS and related diseases			
e. Developmental disability			
f. Physical disability			

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 ____

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 ____

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 ____

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 ____

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 ____

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

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

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

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

43. Is applicant allergic to any medications? Yes ____ No ____

If yes, please list medication allergies.

44. Please list all Medications applicants are currently taking:

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

SOCIALIZATION

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

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

VOCATIONAL & EDUCATION HISTORY

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

What is the source of income? _____

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

What entitlement(s) is/are pending? _____

Applicant	Other, please specify	Source of income	Date Applied	Amount Receiving
		Social Security (SSI)		
		Social Security Disability (SSDI)		
		General Assistance (GA)		
		Temporary Aid to Needy Families (TANF)		
		Child Support		
		Alimony		
		Veteran Benefits		
		Employment Income		
		Unemployment		
		Medicare		
		Medicaid		
		Food Stamps		
		Other (please specify)		
		No financial resources		

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

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

52. 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.

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

54. 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 ____

55. 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

56. 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.

57. Is applicant currently on probation? Yes ____ No ____

58. Is applicant currently on parole? Yes ____ No ____

If yes to #57 or #58, please list name and contact information of probation/parole officers(s)

59. Does applicant have any prior arrests, convictions or incarceration? Yes ____ No ____

a. If yes, please list.

60. Does applicant have a conservator? Yes____ No ____

- a. If yes, is he/she a conservator of person? Yes ___ No ___
- b. If yes, is he/she conservator of estate (money)? Yes ___ No ___
- c. If yes, is he/she conservator of both person and state? Yes ___ No ___
- d. If yes, enter name and address of conservator:

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

Emergency Contact: _____ Telephone# _____

Address: _____

Date of Application for Housing: _____

Applicant: _____

Date _____

Case Manager: _____
Signature

Date _____

Case Management Supervisor: _____
Signature

Date _____