



Education, Advocacy, and Supportive Services for People with Housing Needs

Curry Homeless Coalition  
PO Box 349  
Gold Beach, OR 97444

THE SOUTHERN OREGON COAST RESOURCE CENTER

INTAKE FORM

NAME: \_\_\_\_\_ Today's date: \_\_\_\_\_ DOB \_\_\_\_\_

FIRST MID LAST

ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_

STREET CITY STATE ZIP

NUMBER OF PEOPLE IN HOUSEHOLD? \_\_\_\_\_

LIST ALL OTHER HOUSEHOLD MEMBERS HERE:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC SEC#: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC SEC#: \_\_\_\_\_

*(If more space is needed, please use back.)*

MAILING ADDRESS (IF DIFF FROM ABOVE): \_\_\_\_\_

Are you a Veteran? (Circle one) Yes No

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOC SEC #: \_\_\_\_\_

INCOME: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

SOURCE: (SSDI/SSI/Soc Sec Retirement, VA benefits) \_\_\_\_\_

WHAT IS YOUR AGE GROUP? (CIRCLE)

UNDER 18 18-26 27-35 35-55 56-61 62 & ABOVE

Are you on medication? Yes \_\_\_\_\_ NO \_\_\_\_\_. If yes, please list your medications below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ OHP? Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Who is your CCO: (Allcare or Advanced Health) \_\_\_\_\_

Do you have a primary care provider? If yes, please tell us here: \_\_\_\_\_

Do you use mental health services? Yes \_\_\_\_\_ No \_\_\_\_\_. Do you have a mental health case manager? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, who is your case manager? \_\_\_\_\_

First name                      last name                      phone

WHAT IS YOUR GREATEST NEED TODAY? (CIRCLE ALL THAT APPLY)

- |                         |                   |                          |
|-------------------------|-------------------|--------------------------|
| HOUSING                 | BEHAVIORAL HEALTH | CLIENT-CENTERED PLANNING |
| ORAL HEALTHCARE         | EMPLOYMENT        | HYGIENE PRODUCTS         |
| OHP/MEDICAID ENROOLMENT | TRANSPORTATION    | CLOTHES                  |
| MENTAL HEALTH SERVICES  | LEGAL AID         | OTHER                    |

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The staff and volunteers at the Curry Homeless Coalition, or the Southern OR Coast Resource Center (SOCRC), are not responsible for lost or stolen items left at the SOCRC. We will do our best to ensure you leave with your personal items when departing the SOCRC. We cannot guarantee your personal items are secure during your visit.

I \_\_\_\_\_ understand staff and volunteers at the Curry Homeless Coalition and or the Southern OR Coast Resource Center are not responsible for my personal items.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date