



INTAKE Form / DATE: ___/___/___

Name: _____ Middle: _____ Last: _____ Age ____ (DOB) ____ -
____ - ____ M or F

Other Names Used: _____ Phone Number:

EMAIL: _____ **Message Phone:**

Spouse Name: _____ Age ____ (DOB) ____ -
____ - ____ M or F

Spouse's Phone Number: _____ Referred by:

CURRENT CITY & HOW LONG: TEM: _____ MUR: _____ Perris: _____ Lake Elsinore: _____
Menifee: _____

Other: _____

LAST CITY of permanent residence & HOW LONG: _____ Current Rent
Amount _____

Where have you been living? Family: ___ Friends: ___ Vehicle: ___ Motel: _____ Other:

Eviction Y or N: Due to Finances ____ Divorce ____ Home ____ Job ____ How LONG have you been homeless? _____

Have you been homeless before? Y or N YEAR? _____ WHERE? _____

How LONG? _____

Have you ever filed for bankruptcy? Y or N Year _____ Reason: _____

Do you have family/friends to HELP or SUPPORT you? Y/ No

What CITY is your family in? _____

MARITAL Status: Single ____ Married ____ Divorced ____ Widowed ____ Separated ____

ETHNICITY: Caucasian ____ Hispanic ____ African American ____ Other ____

Do you have children with you: Y ____ N ____

Children Names(F&L): **Age & DOB:** **F/M**

Do you have legal custody of your children? Y ____ or N ____ If no, explain

Are they attending school? Y or N Name of school(s):

Do you have any medical problems? _____

Are you ABLE to take CARE of yourself? Y ____ N ____

Walking upstairs: ____ Shower: ____ Cooking: ____ Eating: ____ Wheelchair/Walker: Y ____ N ____

ABLE to do a top bunk? Y ____ N ____

WILLING to take drug test? Y ____ or N ____

Prescriptions: _____ **Lock Box** Y ____ or N ____

HIV/AIDS: Y ____ or N ____ TB: Y ____ or N ____ Pregnant? Y ____ or N ____ Due Date: __/__/__

PAST or PRESENT - ADDICTIONS? Y ____ or N ____

Sober how long? _____ Any **DIAGNOSED** Mental Conditions? Y ____ or N ____

Depression_____ Anxiety_____ Bipolar_____ PanicAttacks_____ Other_____

PTSD? Y or N War / DomesticViolence /Trauma

Driver License: Y__ or N__ ID Card: Y__ or N__ No. _____ State____ Do you have transportation?Y__ or N__

Employed: Y__ or N__ WHERE & CITY: _____

Employment is: F/T__ P/T__ Seasonal Temp Other _____

Hourly Rate: \$_____ Hours per week_____ Benefits: Y or N PAID: () Wkly () Every 2 Wks. () Once a Month

Method of paymt: Check: _____ Direct Dep: _____ Cash_____ Gross Pay \$_____ Net Pay \$_____ PAYDAYS: _____

Do you receive Unemployment? Y or N Amount: _____ When did it start? __/__/__ When does it end? __/__/__

Reason for Unemployment: Looking for work / Student / Other High School Diploma: Y or N Year: _____

GED: Y or N Year: _____ College: _____ Special Training: _____

Reading/Writing Ability: Good () Fair () Poor () Help to read: () Job skills/training: _____

Have you applied for public assistance? Y or N Status: Active or Just Applying Sanction/Why _____

Have you used your one time County Homeless Assistance? Y or N Have you applied for General Relief? Y or N Amt: _____

INCOME: SSI/SSD: _____ Cash Aide: _____ Food Stamps: _____ Disability: _____ Other: _____

Child Support: Y or N Amount: _____ General Relief: _____ Sponsor: _____ **Total Income:** _____

Monthly Financial Obligations that are currently paid: Car Payment: _____ Car Ins.: _____

Cell Phone: _____ Meds: _____ Storage: _____ Court Cost/Fees: _____ Child Support: _____

Child Care Cost: _____

Payday Advance Loan: _____ Credit Cards/Monthly Payments: _____ **Total Bills:** \$ _____

TOTAL INCOME: \$ _____ **TOTAL OBLIGATIONS:** \$ _____ **BALANCE:** \$ _____

intakeForm2022 COVID-19: Exposed? Y / N Tested? Y / N / Pos / Neg Symptoms? Y / N
Quarantined? Y / N