



## KAM HOUSE - Independent Living Housing Program - Program participant Intake & Pre-Screen Form

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**Program Name:** KAM House – Independent Shared Living Program

**Operating Entity:** KAM Realty Group LLC (DBA: KAM House)

**Phone:** 917-633-8323 or (888) 243-4235

**Email:** [miner@kamhouse.org](mailto:miner@kamhouse.org) or [Mminer@mtcrealestategroup.com](mailto:Mminer@mtcrealestategroup.com)

**Website:** <https://kamhouse.org/>

Date: \_\_\_\_\_ Referred by (Agency/Worker): \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### A. Personal Information

- Full Name & DOB: \_\_\_\_\_
- Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Phone & Email: \_\_\_\_\_
- Emergency Contact (name/relationship/phone): \_\_\_\_\_
- Veteran Status:  Yes  No | Branch/Years: \_\_\_\_\_
- Re-Entry Status (probation/parole):  Yes  No | Officer/Contact: \_\_\_\_\_

### B. Income & Benefits

- Income Source(s):  Employment  SSI  SSDI  VA  Other: \_\_\_\_\_
- Monthly Income (approx.): \$ \_\_\_\_\_
- Pay Schedule:  Weekly  Monthly
- Payor Agency (if any): \_\_\_\_\_

### C. Health & Recovery (Non-Medical Disclosure)

- Sobriety Date: \_\_\_\_\_ Support meetings?  Yes  No

- Current Providers (outpatient/therapy/primary care): \_\_\_\_\_
- Medications (self-managed only; no storage/administration on site): \_\_\_\_\_
- Accessibility Needs: \_\_\_\_\_
- Is the client currently engaged in any form of mental health treatment, case management, or outpatient services?  Yes  No
- Mandated Mental Health care  Yes  No

#### **D. Housing Fit**

- Preferred Room Type:  Shared  Private (if available)
- Intended Length of Stay:  <3 mo  3-6 mo  6-12 mo  12+ mo
- Transportation Needs:  Medical  Work  Meetings  None (we do not provide transportation).
- Based on your assessment, is the client able to live safely and independently in a shared or independent living environment without on-site clinical supervision?
- Agreement to Rules/Drug Testing:  Yes  No

Certification: I certify the above is true and consent to rules/testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_