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

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
- Pay Schedule: _____
- 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: _____
- 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
- Agreement to Rules/Drug Testing: □ Yes □ No

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