KAM HOUSE - Independent Living Housing Program - Program participant 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
- 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: _____