



**Second Wind Living**  
*Breathing Life into Second Chances*  
**Client Referral Intake Form**

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**Section 1: Basic Information**

Full Legal Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender Identity: ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say ☐ Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Mailing Address (if different):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: ☐ TX Zip Code: \_\_\_\_\_

Preferred Method of Contact (Call/Text/Email): \_\_\_\_\_

**Section 2: Emergency Contact**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

### Section 3: Referral Source

Referring Caseworker Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

### Section 4: Background Information

**Veteran Status:** ☐ Yes ☐ No

**Justice-Involved History:** ☐ Yes ☐ No

**Primary Disability (if applicable):** \_\_\_\_\_

**Current Housing Status:**

☐ Homeless ☐ Transitional ☐ Living with Family/Friends

☐ Renter ☐ Institutional ☐ Other: \_\_\_\_\_

**Head of Household:** ☐ Yes ☐ No

**Household Size:** \_\_\_\_\_

**Monthly Income Estimate:** \$ \_\_\_\_\_

**Primary Source(s) of Income:**

☐ SSI ☐ SSDI ☐ Employment ☐ VA Benefits ☐ None ☐ Other: \_\_\_\_\_

Are you currently employed? Yes / No

If yes, Employer Name: \_\_\_\_\_

Do you receive any public assistance? (SSI, SSDI, SNAP, etc.): \_\_\_\_\_

Have you been in any other housing programs? Yes / No

If yes, please list: \_\_\_\_\_

Reason for leaving previous residence: \_\_\_\_\_

**Health Insurance Coverage:**

☐ Medicaid ☐ Medicare ☐ VA ☐ Marketplace ☐ None ☐ Other: \_\_\_\_\_

## Section 5: Supports & Needs

**Areas Where Support Is Needed:** (Check all that apply)

- ☐ Housing   ☐ Employment Assistance   ☐ Transportation   ☐ ID/Documentation  
☐ Medical Access   ☐ Counseling   ☐ Reentry Support   ☐ Education Support  
☐ Life Skills Training   ☐ Mental Health Services   ☐ Physical Health Care  
☐ Other: \_\_\_\_\_

**Currently working with parole/probation?** ☐ Yes   ☐ No

**Medically dependent on electricity?** ☐ Yes   ☐ No

**Emergency plan in place?** ☐ Yes   ☐ No

## Section 6: Health and Wellness

Do you have any physical or mental health diagnoses? Yes / No

If yes, please specify: \_\_\_\_\_

Do you currently take any medications? Yes / No

If yes, please list: \_\_\_\_\_

Do you have a primary care provider? Yes / No

Provider Name & Phone: \_\_\_\_\_

## Section 7: Goals

What are your short-term goals (next 3–6 months)? \_\_\_\_\_

What are your long-term goals (1+ years)? \_\_\_\_\_

### Placement Notes (Optional)

Please share any additional context that may help us match this client with the most appropriate home environment (e.g., trauma history, mobility needs, preferred location, etc.):

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## Section 8: Authorization and Consent

I certify that the information provided in this intake form is true and complete to the best of my knowledge. I give consent to the Independent Living Program to use this information for program eligibility, planning, and support services.

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

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

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### ☒ Submission Instructions

Once completed, please return this form via:

✉ Email: [info@secondwindliving.com](mailto:info@secondwindliving.com)

📠 Fax: (832) 990-1070

📧 Mail: 550 Greens Parkway, Ste 263, Houston, TX 77067

**Prefer to complete the form online? Visit: [secondwindliving.com/intake](https://secondwindliving.com/intake)**