

Interest Form

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Thank you for your interest in Oasis Living!

Oasis communities are located in the Upstate, SC (Greenville, Spartanburg, Greenwood, Anderson, Laurens, and Columbia). In order to proceed, we would like some additional information. Please take a few minutes to answer the questions below.

***Please note this is only a questionnaire to gather information. This is not the intake application for housing. This helps us to understand your individual needs and possibly best placement within our service, if any. ***

** Indicates required question*

1. Email *

2. **If you are filling this form out on behalf of a client or family member, please** *
leave your name, phone number, email, and organization.

3. **Legal First and Last Name** * *

4. Phone number *

5. Email *

6. Date of Birth: *

Example: January 7, 2019

7. Gender *

Mark only one oval.

☐ Male

☐ Female

☐ Other: _____

8. **What is your current living situation?** *

Mark only one oval.

☐ Shelter

☐ Hospital

☐ Treatment Center

☐ Hotel

☐ Unsheltered (streets, car, etc.)

☐ Personal home or with family

☐ Other: _____

9. Address *

10. How long do you expect to stay at Oasis Living? *

Mark only one oval.

- ☐ 1 month
- ☐ 2 months
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ 12 months or longer
- ☐ Other: _____

11. Housing area preferred? What city? *

12. **Do you independently complete all ADL's (ex: cooking, medication management, bathing, toileting etc.)?** *

If no, please explain which ADL's you need assistance with.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

13. **Do you currently take any prescribed medication?** *

Mark only one oval.

- ☐ Yes
- ☐ No

14. **Are you able to administer your own medication without being prompted?** *

Mark only one oval.

- ☐ Yes
- ☐ No

15. **Do you have a criminal record? If yes, explain** *

16. **History of drug or alcohol abuse? ***

Mark only one oval.

☐ Yes

☐ No

17. **What is your funding source? ***

Mark only one oval.

☐ Private Pay

☐ SSDI

☐ SSI

☐ Other: _____

18. **What is your budget for a room? ***

Mark only one oval.

☐ \$750-\$850

☐ \$1500-\$1700

☐ Other: _____

19. ***** You must provide photo ID and proof of income*** ***

Mark only one oval.

☐ Agree and will provide proof for verification

☐ Disagree and will not provide proof of income

☐ I don't have an ID card or proof of income

☐ Other: _____

20. **Do you understand this is shared living and we only offer shared or private bedrooms at affordable rates?** *

Mark only one oval.

☐ Yes

☐ No

21. **Are you willing to follow the general guidelines that will be outlined in the Licensee Agreement?** *

-I will assist to keep the home clean.

-I will not use or keep drugs and alcohol in the home .

-I will be respectful and not engage in conflict .

-I will pay monthly rooming fees timely.

Mark only one oval.

☐ Yes

☐ No

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