

Participant Intake Application

Reusable sample for agency review and participant intake

Complete all applicable sections. Information is used to determine program fit, safe placement, service needs, payment arrangements, and required approvals. Submission does not guarantee acceptance or bed availability.

Applicant Information

Application date

Requested move-in date

Legal name

Preferred name

Date of birth

Phone number

Email address

Current address or current location

City, state, and ZIP code

Government ID last four digits only

Safe ways to contact you

☐ Phone call ☐ Text ☐ Email ☐ Voicemail ☐ Mail

Program and Placement Request

Program requested

☐ Workforce Development and Stabilization ☐ Rapid Reentry Housing Placement ☐ Unsure

Room preference

☐ Shared room ☐ Private room ☐ Either

Preferred city, county, or service area

Placement needs or restrictions we should know about

Outreach sample: Final eligibility, charges, rules, and property-specific requirements must be confirmed before placement.

Referral and Reentry Information

Fillable participant intake packet

Referral Information

Referring organization

Referrer name and title

Referrer phone

Referrer email

Caseworker name

Caseworker phone or email

Who will pay the program charges

☐ Participant ☐ Agency ☐ Benefits ☐ Other or pending

Funding source, authorization, or billing details

Justice Involvement

Currently under supervision

☐ Parole ☐ Probation ☐ Pretrial ☐ No ☐ Unsure

Parole or probation officer

Officer phone or email

Release or discharge date

Facility or jurisdiction

Sex-offender registration status

☐ Yes ☐ No ☐ Pending or unsure ☐ Not applicable

Current charges, conviction information, supervision conditions, or placement restrictions

Upcoming court, registration, or required appointment dates

This information is requested only for lawful placement, safety planning, supervision coordination, and property eligibility. A&M Homes does not promise placement at a particular address.

Housing Income and Employment

Fillable participant intake packet

Current Housing Situation

Current situation

☐ Unsheltered ☐ Shelter ☐ Temporary stay ☐ Institution or facility ☐ Rental ☐ Other

Where are you staying now and how long can you remain there

Last permanent address

Date last stably housed

Housing barriers such as eviction, criminal history, credit, accessibility, family size, or registration restrictions

Income Benefits and Employment

Current income or benefits

☐ Employment ☐ SSI ☐ SSDI ☐ VA benefits ☐ Unemployment ☐ Other ☐ None

Approximate monthly income

Pending benefit application or status

Current employer

Work schedule

Job history, skills, certifications, or type of work requested

Able and willing to participate in workforce services

☐ Yes ☐ No ☐ Yes, with limitations ☐ Not applicable

Limitations, schedule needs, or support requested

Household and Eligibility Information

Fillable participant intake packet

Household Members

List each person who needs placement with the applicant. Do not include anyone who will not live in the program home.

Household member 1 name

Date of birth and relationship

Household member 2 name

Date of birth and relationship

Household member 3 name

Date of birth and relationship

Household member 4 name

Date of birth and relationship

Custody, school, visitation, pregnancy, family-safety, or household placement details

Eligibility Categories

Select all that apply

- ☐ Returning citizen ☐ Veteran ☐ Senior ☐ Disability or SSD/SSDI ☐ Woman with children ☐ Domestic violence survivor
- ☐ Experiencing homelessness ☐ Other housing barrier

Eligibility documentation available or additional details

Identity and Documentation

Documents currently available

- ☐ Photo ID ☐ Proof of income ☐ Release documents ☐ Benefit letter ☐ Veteran documents ☐ Agency referral
- ☐ None yet

Missing documents and assistance needed

Do not email Social Security cards, full Social Security numbers, financial account passwords, or medical records unless A&M Homes specifically requests them through an approved secure method.

Health Accessibility and Safety

Fillable participant intake packet

Answer only what is relevant to safe placement and requested support. A diagnosis alone does not disqualify an applicant. Reasonable-accommodation requests will be considered under applicable law.

Accessibility and Daily Living

Accommodation or accessibility requested

☐ None ☐ Mobility access ☐ Service animal ☐ Communication support ☐ Other

Describe the accommodation or accessibility need

Daily-living, home-health, mobility, dietary, or personal-care support currently used

Health and Medication Safety

Serious allergies or emergency health information

Medication storage, refrigeration, or administration needs

Immediate health or safety concern today

☐ No ☐ Yes ☐ Prefer to discuss privately

Safety concern, crisis plan, recovery support, or other information needed for placement

Emergency Contact

Emergency contact name

Relationship

Emergency contact phone

Emergency contact email

Requested Services and Intake Checklist

Fillable participant intake packet

Services Requested

Select all that apply

- ☐ Housing placement ☐ Job placement ☐ Benefits help ☐ Budgeting or banking ☐ Transportation ☐ Food support
- ☐ Laundry access ☐ Health referrals ☐ Legal or reentry referral ☐ Owner-finance education

Priority services, scheduled appointments, or deadlines

Transportation Information

Work location, shift, essential destinations, or transportation schedule

Interested in A&M Ride Direct if available

- ☐ Yes ☐ No ☐ Need more information

Required Intake Items

Applicant or referrer checklist

- ☐ Completed application ☐ Photo ID ☐ Proof of income or funding ☐ Referral information
- ☐ PO or caseworker contact if applicable ☐ Release date and conditions if applicable ☐ \$100 intake payment or written waiver

Items still needed, responsible person, and expected date

Communication Permission

Check each contact you authorize A&M Homes to use for intake, eligibility, placement coordination, payment, safety planning, or program services. You may limit or revoke permission in writing, subject to information already used or disclosed.

- ☐ Referring agency ☐ PO or supervision officer ☐ Caseworker ☐ Funding source ☐ Emergency contact

Limits on communication or information sharing

Authorization Certification and Staff Review

Fillable participant intake packet

Applicant Authorization

I authorize A&M Homes to verify information reasonably necessary to evaluate this application, coordinate placement, confirm funding, communicate with authorized contacts, and support program services. This authorization does not permit disclosure beyond the purpose stated here or beyond applicable law.

Authorization begins

Authorization ends or event ending authorization

Applicant Certification

I certify that the information I provided is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information may delay placement or affect program eligibility. I understand that submitting this packet does not guarantee acceptance, funding, transportation, employment, a particular room, or a particular property.

Applicant typed or printed name

Applicant signature

Date

Guardian or authorized representative if required

Date

Representative relationship or authority

A&M Homes Staff Use Only

Reviewed by

Review date

Application status

☐ Pending ☐ Approved ☐ Waitlist ☐ Not approved ☐ More information needed

Proposed property or city

Room type or assignment

Approved charge and frequency

Payment due before placement

Approval conditions, required follow-up, safety plan, or reason additional information is needed

A&M Homes representative signature

Date

Keep completed packets confidential. Final placement requires written approval, payment or agency authorization when applicable, and confirmation of an available compliant location.