GRIER HOUSE PARTICIPANT INTAKE FORM

PARTICIPANT IDENTIFICATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Last 4 digits of SSN: _____

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Primary Language: _____

CURRENT HOUSING INFORMATION

Current Address (if applicable):

_____

City: _____ State: _____ Zip: _____

Current Living Situation:

☐ Homeless/Shelter ☐ Family/Friends ☐ Transitional Housing ☐ Reentry

☐ Other: _____

REFERRAL INFORMATION

Referred to program? ☐ Yes ☐ No

Referral Source / Agency: _____

Contact Person & Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

INCOME INFORMATION

Do you have income? ☐ Yes ☐ No

Source(s): ☐ Employment ☐ SSI ☐ SSDI ☐ VA ☐ Other: _____

Approx. Monthly Income: $_____

IDENTIFICATION DOCUMENTS

☐ State ID ☐ SS Card ☐ Birth Certificate ☐ Insurance Card ☐ Proof of Income

Missing Documents (if any): _____

LEGAL / SUPERVISION STATUS

Currently under supervision? ☐ Yes ☐ No

Type: ☐ Probation ☐ Parole ☐ Court ☐ Other: _____

Officer / Agency & Phone: _____

MEDICAL HISTORY & HEALTH DISCLOSURE

This information is collected for emergency preparedness only. The program does not provide medical or personal care services.

Do you have medical conditions affecting independent living?

☐ Yes ☐ No

If yes (optional): _____

Chronic Conditions (check all that apply):

☐ Diabetes ☐ Heart Condition ☐ Asthma ☐Seizures ☐ Mobility Issues ☐ Other: _____

Mental Health Disclosure (optional): ☐ Yes ☐ No ☐ Prefer not to answer

Currently receiving treatment? ☐ Yes ☐ No

Prescribed Medications? ☐ Yes ☐ No

Medication Name | Prescribed By | Self-Administered

_____

Allergies: ☐ None ☐ Food ☐ Medication ☐ Environmental ☐ Other: _____

PROGRAM ACKNOWLEDGEMENTS

_____ I understand this is an independent living housing program.

_____ I understand no medical or personal care services are provided.

_____ I understand occupancy is not a lease.

_____ I agree to follow program rules and guidelines.

PARTICIPANT CERTIFICATION

I certify that the information provided is true and accurate.

Participant Signature: _____Date: _____

Printed Name: _____

STAFF USE ONLY

Intake Completed By: _____

Eligibility: ☐ Approved ☐ Pending ☐ Denied

Notes:

_____