



## Vintage Place Independent Living Homes Resident Intake Form

*All information is confidential and used to determine eligibility.*

### Personal Information

Full Name:  Date of Birth:  Age:   
Gender Identity:  SSN (last 4):

### Contact Information

Phone Number:  Text OK: ☐ Yes ☐ No Email:   
Current Address:   
Emergency Contact Name:  Relationship:  Phone:

### Income & Employment Information

Source(s) of Income (check all that apply):

☐ SSI ☐ SSDI ☐ Retirement ☐ VA Benefits ☐ Employment ☐ Private Pay  
☐ Other:  Monthly Income (\$):

Employer / Funding Program:

### Health Information

Mental health diagnosis? ☐ Yes ☐ No If yes, specify:   
Psychiatric medications? ☐ Yes ☐ No List:   
Physical health conditions? ☐ Yes ☐ No If yes, specify:   
Physical health medications? ☐ Yes ☐ No List:   
Medical devices used? ☐ Yes ☐ No If yes, specify:

### Housing Information

Where did you sleep last night?   
County to reside:  Move-in date (MM/DD):   
Single adult? ☐ Yes ☐ No Proof of income? ☐ Yes ☐ No Valid ID? ☐ Yes ☐ No

### Background Information

Ever been evicted? ☐ Yes ☐ No If yes, when?   
Criminal record? ☐ Yes ☐ No Explain:   
On probation/parole? ☐ Yes ☐ No Officer/Agency:

### Referral Information

How did you hear about Vintage Place?   
Referring person/agency:  Case Manager/SW:   
Case Manager contact (phone/email):

### Resident Preferences

☐ Require furnished housing ☐ Need transportation assistance Accessibility/special accommodations:

### Acknowledgment & Signature

☐ I certify the information provided is true and accurate.  
☐ I understand completion of this form does not guarantee housing.

Signature (type full name):  Date:

