Lyfe Elevations & Solutions

Client Intake Form & Assessment (Seniors)

I. Personal Information

Full Legal Name: _____
Date of Birth: _____ Age: _____
Gender Identity: ☐ Male ☐ Female ☐ Transgender ☐ Other: _____
*Social Security Number (**NOT NOW**): _____
Are you a Veteran: ☐ Yes ☐ No
Email Address: _____
Emergency Contact Name: _____
Relationship: _____
Phone Number: _____

II. Background Information

Any Criminal Conviction ☐ Yes ☐ No County: _____
Conviction(s): _____
Parole / Probation Status: ☐ Yes ☐ No
If yes, Contacts Name: _____
Contact Information: _____

III. Housing History

If no, are you seeking housing placement? ☐ Yes ☐ No
Do you have any housing restrictions (e.g., due to charges)? ☐ Yes ☐ No
If yes, explain: _____

IV. Employment & Education

Highest Level of Education Completed:
☐ Less than High School ☐ GED ☐ High School Diploma
☐ Some College ☐ Associate's ☐ Bachelor's ☐ Other: _____

During your lifetime of working how long have you worked? Explain

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V. Medical History

Do you have any chronic medical conditions? ☐ Yes ☐ No
If yes, please specify: _____

Are you currently taking any prescribed medications? ☐ Yes ☐ No
If yes, list medications and dosages:

Primary Care Provider (if any): _____
Date of Last Physical Exam: _____

VI. Mental Health & Substance Use

Have you ever been diagnosed with a mental health condition? ☐ Yes ☐ No
If yes, please specify: _____

Are you currently receiving mental health treatment or counseling? ☐ Yes ☐ No
If yes, where: _____

Have you ever struggled with substance use or addiction? ☐ Yes ☐ No
If yes, please describe your history and current recovery status:

Are you currently enrolled in or seeking substance abuse treatment? ☐ Yes ☐ No

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VII. Support & Goals

What are your most immediate needs after release? (check all that apply)
☐ Housing
☐ Mental Health Services
☐ Medical Care

☐ Identification / Documents
☐ Transportation
☐ Family Reunification
☐ Substance Abuse Counseling
☐ Financial Assistance
☐ Legal Support

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

VIII. Income Verification

Current Source of Income: ☐ Employment ☐ SSI/SSD ☐ Unemployment ☐ Other: _____
Monthly Income: $_____ Retirement Monthly Income: _____
Pension Income: $_____ Spousal Benefits $_____
Documentation Provided: ☐ Yes ☐ No upon move in.

IX. Health & Independence Screening

Do you require assistance with daily living activities (ADLs bathing, dressing)? ☐ Yes ☐ No
Do you use mobility aids (walker, wheelchair, cane)? ☐ Yes ☐ No
Explain _____
Can you manage personal hygiene independently? ☐ Yes ☐ No
Do you have any hearing impaired? ☐ Yes ☐ No
Can you prepare and cook your own meals ☐ Yes ☐ No
Can you self-administer your own medication ☐ Yes ☐ No
Can you schedule and attend your own appointments such as doctors etc. ☐ Yes ☐ No

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X. Behavioral Screening

Have you experienced behavioral outbursts or aggression? ☐ Yes ☐ No
Are you willing to follow house rules and program guidelines? ☐ Yes ☐ No
Substance Abuse History ☐ Yes ☐ No
Are you currently using illegal substance or alcohol? ☐ Yes ☐ No

Have you participated in behavioral or anger management programs? ☐ Yes ☐ No
Resident understands smoking rules (OUTSIDE ONLY) ☐ Yes ☐ No

XI. Compatibility & Expectations

Do you understand this is a shared living environment? ☐ Yes ☐ No
Do you understand and agree to maintain cleanliness and personal responsibility? ☐ Yes ☐ No
Do you understand that meals are NOT provided after the first 30days ☐ Yes ☐ No
Do you understand that this house has curfews and quiet hours 9-pm to 7 am ☐ Yes ☐ No
Do you understand that you MUST give a 30 day notice for moving out. ☐ Yes ☐ No

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XII. Required Documentation Checklist

Things you may need

☐ State ID or Driver's License
☐ Social Security Card
☐ Proof of Income
☐ Medical Records (if applicable)
☐ Parole/Probation Papers (if applicable)

XIII. Consent and Acknowledgment

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that this information will be used to help determine eligibility for services and to create an individualized reentry plan.

Client Signature: _____ Date: _____

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