

Independent Living Intake Application

Colorado • Non-Clinical, Independent Housing

Date: January 23, 2026

SECTION 1: Applicant Information

Full Legal Name

Preferred Name

Date of Birth (MM/DD/YYYY)

Age

Phone

Email

Gender (optional)

SECTION 2: Current Housing Status

Current Address (or 'None')

Length without stable housing (if applicable)

SECTION 3: Independent Living Eligibility (Required)

I perform all ADLs independently

I self-manage medications

I can call 911 and follow instructions

I can self-evacuate in emergencies

SECTION 4: Income & Benefits

Primary Income Source(s)

Estimated Monthly Income (\$)

Can you pay rent on time?

SECTION 5: Veteran & Re-Entry Status (Optional)

Veteran

Re-Entry / Justice-Involved

Probation/Parole (independent approved)

Independent Living Intake Application (Continued)

Behavioral, Health & Safety Screening

SECTION 6: Behavioral & Community Fit

History of violence or behavior requiring supervision? Explain

Able to follow house rules and respect shared spaces?

SECTION 7: Substance Use Acknowledgment

SECTION 8: Health Disclosure (Non-Clinical)

Any condition requiring care, supervision, or assistance? Explain

SECTION 9: Emergency Contact

Name	Relationship	Phone
------	--------------	-------

SECTION 10: Acknowledgment & Signature

Applicant Signature

Date