

## Supportive Housing Client Intake Form

[Independent Worry-Free Living]  
Participant Intake & Enrollment Application

Date of Intake: \_\_\_\_\_

 Referral Agency/ Name of Referrer: \_\_\_\_\_

### Participant Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Age: \_\_\_\_\_
- Social Security Number (Last 4 digits): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say
- Emergency Contact Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_

### Current Living Situation

- ☐ Homeless
- ☐ Couchsurfing / Staying with others
- ☐ Transitional Housing
- ☐ Jail/Prison Release
- ☐ Hospital / Rehab
- ☐ Other: \_\_\_\_\_

### Referral Source (If Applicable)

- ☐ Self
- ☐ Agency: \_\_\_\_\_
- ☐ Parole/Probation
- ☐ Hospital or Treatment Center
- ☐ Family/Friend
- Referring Contact Name: \_\_\_\_\_
- Phone/Email: \_\_\_\_\_

### Brief Summary of Situation / Reason for Housing Need

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### **Medical & Mental Health History (List Below)**

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### **Mental health diagnosis (if any):**

- Substance use history (if any):  
☐ Alcohol ☐ Drugs ☐ None  
If yes, explain: \_\_\_\_\_

### **Legal Background**

- Are you currently on parole or probation? **(List PO Name/Phone Number)**  
☐ Yes ☐ No
- Are you a registered sex offender?  
☐ Yes ☐ No
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### **Income Information**

- Do you have a source of income?  
☐ Yes ☐ No  
☐ SSI ☐ SSDI ☐ Employment ☐ Other: \_\_\_\_\_
- Monthly Income Amount (if any): \$ \_\_\_\_\_

### **Housing Preferences or Needs**

- Any disabilities or accommodation needed?  
☐ Yes ☐ No — If yes, explain: \_\_\_\_\_
- Preferred Room Type:  
☐ Shared Room ☐ Private Room (if available)

### **Independent Living & Functionality Acknowledgment**

Our program is designed for individuals who are highly functioning and capable of living independently. This is not a personal care home, nursing home, or assisted living facility. We do not provide medical care, personal assistance, or supervision.

You must be able to manage your own:

- **Personal hygiene and grooming**
- **Meal preparation and eating**
- **Medication (unless managed by an outside provider)**
- **Mobility and transportation arrangements**
- **Housekeeping and laundry**
- **Daily living responsibilities**

If you require medical or personal care services, they must be provided by a licensed outside agency or caregiver, arranged and paid for separately.

Can you live independently and manage your Daily Living Activities (ADLs) without assistance?

☐ Yes

☐ No – Please explain: \_\_\_\_\_

Do you currently have or need a home health care provider or outside support service?

☐ Yes – Agency Name (if applicable): \_\_\_\_\_

☐ No

☐ I understand and agree that this program provides housing only. I will be responsible for my personal care, medical needs, and daily living tasks. I will not hold the program responsible for services outside the scope of independent housing.

Participant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### **Program Agreement Preview**

☐ I understand that if accepted, I must follow all house rules, expectations, and participate in case management or program-related check-ins.

☐ I acknowledge that violating rules may result in a strike or dismissal from the program.

### **Applicant Declaration**

I certify that the above information is true to the best of my knowledge. I understand that this intake does not guarantee placement, and my application will be reviewed by staff.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

