



## Emergency Shelter Application

### Client Information:

Date (month/day/year): \_\_\_\_\_

Client Name:

\_\_\_\_\_

Client Family Size/ Number of persons in household: \_\_\_\_\_

### Client Demographics

Client Gender: \_\_\_\_\_

Client Race/Ethnicity: \_\_\_\_\_

Client DOB & Age: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Client Address:

\_\_\_\_\_

(complete street address)

\_\_\_\_\_

(city/state/zip)

**Seeking: (circle one)**

**Employment Resources:**    yes    no

**Help with attaining benefits:**    yes    no

**Food assistance:**    yes    no

**How will you secure and maintain permanent housing after your hotel stay?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_