



Fwd: Intake form

From Tammy ANN <tammyann313@yahoo.com>

Date Wed 8/13/2025 11:28 AM

To Tammy Howard <tammy@livingyourbestlifeindependently.com>

◆ **Applicant Information**

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email (if available): _____

Current Living Situation:

- ☐ Homeless
- ☐ Shelter
- ☐ With friends/family
- ☐ Transitional housing
- ☐ Recently released (Re-entry)
- ☐ Other: _____

Are you a: (Check all that apply)

- ☐ Veteran
 - ☐ Senior (Age 55+)
 - ☐ Re-Entry (from incarceration)
 - ☐ Currently Homeless
 - ☐ Low-Income
 - ☐ Disabled
 - ☐ Receiving public assistance (SSI, SSDI, SNAP, etc.)
-

◆ **Emergency Contact**

Name: _____

Phone Number: _____

Relationship to You: _____

◆ **Health & Wellness**

Do you have any current medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please describe:

Are you currently receiving mental health or substance use treatment?

☐ Yes ☐ No

If yes, provider/agency name (if comfortable sharing):

Are you able and willing to live in a drug-free home?

☐ Yes ☐ No

◆ **Housing Needs & Preferences**

Do you have a source of income?

☐ Yes (Please specify): _____

☐ No

Do you require any specific accommodations?

☐ Mobility support

☐ Ground floor unit

☐ Visual or hearing assistance

☐ Other: _____

☐ None

When are you looking to move in?

☐ Immediately

☐ Within 30 days

☐ In 1-3 months

☐ Not sure

◆ **Interest in Services**

Please check any services you are interested in:

☐ Life Skill Training

☐ Educational Workshops

☐ Self-Advocacy & Personal Development

☐ Community Living Support

☐ One-on-One Coaching & Mentorship

☐ Help with Employment

☐ Help with Benefits/ID/Housing Applications

◆ **Declaration**

I certify that the information provided is true and complete to the best of my knowledge. I understand this is a pre-screening form and does not guarantee housing.

Signature: _____

Date: ____ / ____ / ____