

# RESIDENT INTAKE PACKET



## *Resident Intake Form*

### **Resident Information**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### **Source of Income / Employment**

SSI  SSDI  Employment  Other \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_

Move-In Date \_\_\_\_\_

Preferred Room Type  Shared  Private

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Housing Application Form*

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Employment or Income Verification**

Employer \_\_\_\_\_ Contact # \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Proof of Income  Yes  No

**Previous Residences (Last 2 Years)**

1. \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Dates \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving Current Residence \_\_\_\_\_

Understands house rules  Agrees to background screening

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Resident Profile Sheet*

Resident Name \_\_\_\_\_

Nickname/Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Physical Health Concerns / Allergies**

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**Behavioral / Mental Health Notes (if any)**

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**Support Services Currently Involved With**

Case Manager Name \_\_\_\_\_

Therapist Name \_\_\_\_\_

Probation Officer Name \_\_\_\_\_

**Goals During Stay:**

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**Referral Information Sheet**

Referring Agency / Person \_\_\_\_\_

Agency Phone # \_\_\_\_\_ Email \_\_\_\_\_

Resident Referred For  Independent Living  Sober Living  Senior Housing

**Case Notes / Recommendations:**

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Referral Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Emergency Contact & Authorization Form*

Resident Name \_\_\_\_\_

Primary Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the program to contact the above in case of emergency and to release necessary information for safety purposes.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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*Identification & Income Verification Form*

Driver's License  State ID  Passport ID # \_\_\_\_\_

Social Security Card  Birth Certificate Verified  Yes  No

**Income Verification**

Source  SSI  SSDI  Employment  Other \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

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*Resident Background Acknowledgment Form*

I understand that participation in the program may require a background check for the safety of all residents.

I consent to a criminal background check.

I have provided accurate information regarding any prior convictions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RESIDENT ORIENTATION CHECKLIST**

| <b>Item</b>                     | <b>Completed</b> | <b>Initials</b> |
|---------------------------------|------------------|-----------------|
| Resident Tour Completed         |                  |                 |
| Reviewed House Rules            |                  |                 |
| Assigned Room & Bed             |                  |                 |
| Given Emergency Contact Form    |                  |                 |
| Received Program Welcome Packet |                  |                 |
| Signed Payment Agreement        |                  |                 |
| Added to Resident Roster        |                  |                 |

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Financial & Agreement Forms*

**Payment Agreement Form**

This agreement is between the Program and Resident \_\_\_\_\_.

Move-In Date: \_\_\_\_\_

Weekly Rent: \$\_\_\_\_\_

Biweekly: \$\_\_\_\_\_

Monthly: \$\_\_\_\_\_

Payment Due Date: \_\_\_\_\_

Method of Payment     Cash     Money Order     Other \_\_\_\_\_

Resident understands late fees apply after \_\_\_\_\_ days.

Rent includes utilities and furnished living space.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

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