



**Shining Light Housing**  
Helping People Into Homes

## Client Intake Information

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

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

Agency Affiliation's:

\_\_\_\_\_  
\_\_\_\_\_

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

Age: \_\_\_\_\_

Vet:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ID Card:

SS card:

## Income

Working:

SSI:

SSDI:

Other:

## Healthcare

Medicaid:

Medicare:

Both:

Other:

Any Mental Health past or present and do you receive services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Chemical dependency past or present and do you receive services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Barriers to Housing

Eviction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debt:

\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Criminal history

Any charges pending:

Charge \_\_\_\_\_  
County \_\_\_\_\_  
Status \_\_\_\_\_

Charge \_\_\_\_\_  
County \_\_\_\_\_  
Status \_\_\_\_\_

Are you working with any other organization or case managers and are they helping you with resources?

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## Notes and reminders

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## Work history

Are you working or looking for work and what type of work:

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Staff Signature:

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Resident Signature:

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Are you wanting schooling or training and what type of training:

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## Emergency Contacts (Family or Friends)

1.  
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

2.  
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_