



TRANSFORMATIVE HOUSING

Transformative Housing Inc. INTAKE/ASSESSMENT FORM Email Form to admin@thousing.org

IDENTIFYING INFORMATION

Date Information is Gathered: _____

1. Applicant Last Name: _____ First Name: _____ MI: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____ Zip of Last Address: _____
4. Phone where applicant can be reached: (ex. xxx-xxx-xxxx) _____
5. Social Security Number: _____ 6. Date of Birth: _____ 6a. Place of Birth: _____
(ex. NNN-NN-NNNN) (mm/dd/yyyy)
7. Gender: ____ a. Male ____ b. Female ____ c. Transgender
8. Race:
____ a. White ____ b. Black/African American ____ c. Asian
____ d. Multi-Racial (Please specify) _____
9. Ethnicity: ____ a. Hispanic or Latino ____ b. Non Hispanic or Non-Latino
10. What is applicant's primary language? _____ Secondary language, if applicable? _____
11. Relationship Status: ____ a. Single ____ b. Married ____ c. Widowed/Widower
____ d. Married & Separated ____ e. Divorced ____ f. Significant Other
____ g. Domestic Partner ____ h. Other (Specify) _____
12. Are there any identified, past or current, domestic violence issues? ____ Yes ____ No ____ Currently
a. Please describe, with dates of incidents. _____
13. Is applicant a Veteran, (anyone who has been on active military duty) ____ Yes ____ No

14. What family support will you be able to access:

15. Are there any community agencies or facilities currently assisting or able to assist you:

SUPPORTIVE HOUSING REFERRAL

16. Date of Referral _____ 17. Referring Person's Name: _____

18. Referring Person's Agency & Telephone Number: _____

19. Application Date: _____

HOUSING HISTORY

As part of questions 20 & 21, the attached Homelessness Verification Form needs to be completed.

20. Is this person at risk of homelessness? ____ Yes ____ No

a. Please describe circumstances: _____

21. Length of homelessness this episode:

- | | |
|--|--|
| _____ a. Not homeless at present | _____ e. At least 1 year but less than 2 years |
| _____ b. Less than one month | _____ f. Two years but less than three |
| _____ c. At least 1 month but less than 6 months | _____ g. Three years or more |
| _____ d. At least 6 months but less than 1 year | |

22. Number of episodes in past five years: _____

23. Approximate number in lifetime: _____

24. Within the last four (4) years, how many nights, months, or years, if any, have you spent in a shelter (s)? _____

a. Could you provide the names and dates of your shelter stay?: _____

25. Where have you slept for the last thirty (30) days? Check all that apply.

Check all that apply.

a. Non-housing (Street, park, car)	
b. Emergency Shelter, please name.	
c. Transitional Housing	
d. Psychiatric Facility	
e. Substance Abuse Treatment Facility	
f. Hospital	
g. Prison/Jail	
h. Domestic Violence Shelter	
i. Living with friends/family	
j. Rental Housing	
k. Own apartment or house	
l. Motel/hotel	
m. Foster Care	
n. Other (specify):_____	

26. Is applicant receiving a housing subsidy? ☐ Yes ☐ No

a. What type of housing subsidy is the applicant receiving? _____

27. Does/did applicant pay own rent? ☐ Yes ☐ No

28. Does/did applicant pay for own utilities? ☐ Yes ☐ No

29. Has applicant ever been evicted? ☐ Yes ☐ No

30. Reason for leaving last housing situation.

- a. ☐ Eviction due to unpaid rent
- b. ☐ Eviction for reason other than unpaid rent
- c. ☐ Conflict with friends or family
- d. ☐ Overcrowding
- e. ☐ Domestic violence
- f. ☐ Incarceration
- g. ☐ Hospitalization, including long term treatment
- h. ☐ Housing condemned
- i. ☐ Fire
- j. ☐ Other, please explain _____

31. Please list housing history for last five (5) years including: Location, approximate dates, lease holder or relationship to primary tenant, reason(s) for leaving. _____

31a. Please identify any contributing factors to housing instability: _____

PERSONAL HEALTH INFORMATION

As part of questions 32 & 33, the attached Disability Verification Form needs to be completed.

32. Does applicant have a disability of a long duration? ____ Yes ____ No ____ Don't Know ____ Refused

33. Is applicant currently or have they ever been diagnosed with any of the following?

- a. Mental illness..... ____ Yes ____ No ____ Currently
- b. Alcohol abuse..... ____ Yes ____ No ____ Currently
- c. Drug abuse..... ____ Yes ____ No ____ Currently
- d. HIV/AIDS and related diseases..... ____ Yes ____ No ____ Currently
- e. Developmental disability..... ____ Yes ____ No ____ Currently
- f. Physical disability..... ____ Yes ____ No ____ Currently

34. Does applicant have a history of any psychiatric conditions? ____ Yes ____ No

Check all that apply.

	Currently Experiences:	History of:
Homicidal ideas/attempts		
Assaultive behavior		
Delusions		
Severe depression		
Severe thought disorder		
Cognitive impairment		
Suicidal ideas		
Suicidal attempts		
Hallucinations		
Arson/fire setting		
Victim of Sexual abuse/assault		
Victim of Trauma		
Other (specify)		

a. If applicable, please list hospitalizations for these conditions.

35. Does applicant receive psychiatric care? ____ Yes ____ No

a. If yes, please list name, address and phone number of all psychiatric care providers.

36. Does applicant have a history of any substance abuse disorders? ____ Yes ____ No

a. If yes, please list drug(s) of choice, frequency of use, approximate date of last use.

37. Does applicant have any current or past history of substance abuse treatment? ____ Yes ____ No

a. If yes, please list name, address and phone number of all substance abuse providers.

38. Is applicant involved in any 12-step or other self help recovery programs? ____ Yes ____ No

a. If yes, which program(s)? _____

39. If applicant is substance free, for how long has s/he been substance free? _____

40. If applicant is currently using substances, is s/he interested in substance abuse treatment? ____ Yes ____ No

a. If no, what type of treatment is applicant interested in? _____

41. Does applicant have a history of any medical conditions? ____ Yes ____ No

a. If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

41a. Date of last physical; OB/GYN, and dental appointments for all household members as appropriate: _____

42. Is applicant allergic to any medications? ____ Yes ____ No

a. If yes, please list medication allergies.

42A. PLEASE LIST CURRENT MEDICATIONS THE TENANT IS ON: _____

43. Where does applicant receive medical care? Please list name, address and phone number of all health care providers.

SOCIALIZATION

44. Describe applicant's participation in faith/spiritual activities, if any?

45. Describe applicant participate in any social networks, or recreational activities? Please list the name(s) of the social/recreational network:

VOCATIONAL & EDUCATION HISTORY

46. Does applicant or anyone living with him/her have a source of income? ____ Yes ____ No

a. What is the source of income? _____

47. Does applicant or anyone living with him/her have any entitlements pending? ____ Yes ____ No

a. What entitlement(s) is/are pending? _____

Person Receiving Income		Other's Name	Source of Income	Date Applied	Amount Receiving
____ Applicant	____ Other	_____	a. Social Security Income (SSI)	_____	\$ _____
____ Applicant	____ Other	_____	b. Social Security Disability Income (SSDI)	_____	\$ _____
____ Applicant	____ Other	_____	d. General Assistance (SAGA)	_____	\$ _____
____ Applicant	____ Other	_____	e. Temporary Aid to Needy Families (TANF)	_____	\$ _____
____ Applicant	____ Other	_____	f. Child Support	_____	\$ _____
____ Applicant	____ Other	_____	n. Alimony	_____	\$ _____
____ Applicant	____ Other	_____	g. Veteran Benefits	_____	\$ _____
____ Applicant	____ Other	_____	h. Employment Income	_____	\$ _____
____ Applicant	____ Other	_____	i. Unemployment	_____	\$ _____
____ Applicant	____ Other	_____	j. Medicare	_____	\$ _____
____ Applicant	____ Other	_____	k. Medicaid	_____	\$ _____
____ Applicant	____ Other	_____	l. Food Stamps	_____	\$ _____
____ Applicant	____ Other	_____	m. Other (please specify)	_____	\$ _____
____ Applicant	____ Other	_____	n. No financial resources	_____	\$ _____

48. Please list any outstanding debts, including type of debt and amount: _____

49. Please list any financial obligations including the amount (e.g. child support, alimony): _____

50. Is applicant currently employed, either part-time or full-time? ____ Yes ____ No

a. If yes, where is applicant employed? _____

b. If no, does applicant wish to be employed, either now or in the future? ____ Yes ____ No

b2. If yes, in what area of employment does applicant wish to work? _____

c. Describe applicant's work experience or history, if applicable.

51. Does applicant need training or vocational support to achieve employment in desired occupation? ____ Yes ____ No

52. Is applicant currently participating in vocational or employment training programs? ____ Yes ____ No

a. If yes, please identify the training program? _____

b. If no, does applicant wish to enroll in a vocational or employment training program? ____ Yes ____ No

52a. Is applicant currently enrolled in an educational program, either part-time or full-time? ____ Yes ____ No

a. If yes, where is the applicant enrolled? _____

b. If no, does the applicant wish to be enrolled, either now or in the future? ____ Yes ____ No

LEGAL INFORMATION/HISTORY

53. Does applicant have any current legal issues? ____ Yes ____ No

a. If yes, please list description of charges and any pending court dates.

b. Does applicant have legal representation? ____ Yes ____ No

b2. If yes, please list name and address and phone number of attorney or legal advocate.

54. Is applicant currently on probation? ____ Yes ____ No

55. Is applicant currently on parole? ____ Yes ____ No

a. If yes to either #54 or #55, please list name and contact information of probation/parole officers(s)

56. Does applicant have any prior arrests, convictions or incarceration? ____ Yes ____ No

a. If yes, please list.

57. Does applicant have a conservator? ____ Yes ____ No
- a. If yes, is he/she a conservator of person? ____ Yes ____ No,
- b. If yes, is he/she conservator of estate (money)? ____ Yes ____ No
- c. If yes, is he/she conservator of both person and state? ____ Yes ____ No
- d. If yes, enter name and address of conservator:

ADL's

58. Does the applicant have difficulty with any of the following areas of daily living? In addition, please list any strengths the tenant may have.

Check all that apply.

a. Paying rent/utilities	
b. Lease compliance	
c. Housekeeping	
d. Money management	
e. Driving/using public transportation	
f. Arranging apartment repairs	
g. Use of mental health services	
h. Use of health services	
i. Securing/Maintaining Benefits	
j. Meal preparation	
k. Shopping for food and other necessities	
l. Taking medication as prescribed or instructed	
m. Filling prescriptions	
n. Socialization	
o. Hygiene	
p. Other (specify):_____	

EMERGENCY CONTACT

59. Emergency Contact: _____ Telephone # _____

Address: _____

Date of Application for Housing: _____

Applicant: _____ Date _____

Signature

Case Manager: _____ Date _____

Signature

Case Management Supervisor: _____ Date _____

Signature