



Intake Form - Homeless

Client Information

Full Name _____ Date of Birth ___/___/___

Gender F M Other _____ Race _____

Mailing Address

_____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Household Information

There are no other members of my household. (Continue to next section.)

LIST ALL MEMBERS OF YOUR HOUSEHOLD

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Assessment Questions

Are you a veteran? Yes No

Have you been diagnosed with a disabling condition? Yes No

Where are you sleeping at night?

Vehicle Street Staying with family/friends Homeless Shelter

How long has this been your living situation? _____

Services

What services are you interested in? (Check all that apply.)

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Employment |) |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Transportation/ LIFE Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Showers | <input type="checkbox"/> Legal Document Replacement | |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Back-to-School Supplies (youth only) | |

Food Program Selection

Please select the food program you want to be enrolled in.

Daily Lunches (Monday – Friday)

You will receive one (1) bagged lunch per day. Lunches are prepacked. No Substitutions.

Monthly Pantry

You will receive one (1) load of groceries per month including perishable/non-perishable items and hygiene products. Three (3) requests allowed per order.

Attach completed Intake Form to clipboard along with all necessary documents.

- Proof of Identification (ID's, birth certificates, passports)
- Proof of Income (bank statements, benefit statements, etc.)

OFFICE USE ONLY Intake performed by _____ on ___ / ___ / ___