



Client Intake Form

Client Information

Date:		Time:	
Last Name:		First Name:	
		MI.	
Preferred Name:	Date of Birth (mm/dd/yyyy): <input type="checkbox"/>	Gender: Male Female	
Current Address:	Phone Number (If Any):	Do you smoke? Yes No	
Social Security Number:	Are You Pregnant? Yes No	Are You Veteran or active Military? Yes No	
Marital Status: Never Married Married Divorced Separated Widowed	Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Decline/Other	Ethnicity: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/ Pacific Islander Caucasian/White Declined/Other	

Are there any identified, past or current, domestic violence issues? (If so, describe)	Yes No
Is this person at the risk of homelessness? (If so, describe)	Yes No
Length of Homelessness episode:	<1 Mo. <6 Mo. <1 Yr. >3 Yrs.
Does applicant have a long duration disability?	Yes No
Current Diagnosis	Mental Illness Alcohol Abuse Drug Abuse Physical Disability Developmental Disability Others (Specify)
Where does applicant receive medical care?	Have you lived in a Group Home? Yes No
Does applicant have any current legal issues?	Yes No
Is applicant currently on parole?	Yes No

Case Manager's Name / Employer:	Phone Number:
Legal Guardian's Name / Employer:	Phone Number:
Emergency Contact's Name / Employer:	Phone Number:

Supervisor's Initial: _____

Resident's Initial: _____

Financial Responsibility Information

Payment Method: RSS/SSI Private Pay Other	
Filing Date:	Approval Status:
First rent due-date:	Rent Amount:

Added Level of Care (LOC) requirements

Reminders: Laundry, Shower, etc. Personal care: Haircare, Hygiene Transportation: To/From Appts. Others (specify):

Physical Conditions (example: Dental, Mobility, surgeries, etc.)	
No known physical conditions	

Current Medications			
No current medication			
Medication name	Strength (example: 50mg)	Frequency (example: at bedtime, 2x/day, etc.)	Prescribing Physician

Medication Allergies			
No known medication allergies			
Medication	Reaction (example: hives, rash, etc.)	Medication	Reaction (example: hives, anaphylaxis, etc.)

Supervisor's Initial: _____

Resident's Initial: _____