

Supportive Housing Client Intake Form



Independent Housing Program/
T&S Management

Participant Intake & Enrollment Application

Intake Information

Date of Intake:

Referral Agency/Name of Referrer:

Participant Information

Full Name:

Social Security Number (Last 4 digits):

Date of Birth:

Email Address:

Age:

Gender:

Phone Number:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

Emergency Contact Name:

Emergency Contact Phone:

Relationship:

Current Living Situation

- ☐ Homeless
- ☐ Couchsurfing/Staying with others
- ☐ Transitional Housing
- ☐ Jail/Prison Release
- ☐ Hospital/Rehab
- ☐ Other:

Referral Source

- ☐ Self
- ☐ Agency
- ☐ Parole/Probation
- ☐ Hospital or Treatment Center
- ☐ Family/Friend

Referring Contact Name:

Phone/Email:

Background Information

Brief Summary of Situation/Reason for Housing Need:

Medical & Mental Health History:

Mental health diagnosis:

Substance Use History:

- ☐ Alcohol
- ☐ Drugs
- ☐ None

If yes, explain:

Legal Background:

Are you currently on parole or probation?:

Are you a registered sex offender?:

(List PO Name/Phone Number):

Income Information

Source of Income:

- ☐ Employment
- ☐ SSI/SSDI
- ☐ TANFP
- ☐ Other:

Monthly Income Amount (If any):

Housing Preferences or Needs

Disabilities/Accommodations:

- ☐ Yes
☐ No

If yes, explain:

Preferred Room Type:

- ☐ Shared Room
☐ Private Room (If available)

Independent Living & Functionality Acknowledgment

Our program is designed for individuals who are high-functioning and capable of living independently. This is not a personal care home, nursing home, or assisted living facility. We do not provide medical care, personal assistance, or supervision.

You must be able to manage your own:

- ☐ Personal hygiene and grooming
☐ Meal preparation and eating
☐ Medication (unless managed by an outside provider)
☐ Mobility and transportation arrangements
☐ Housekeeping and laundry
☐ Daily living responsibilities

If you require medical or personal care services, they must be provided by a licensed outside agency or caregiver, arranged and paid for separately.

Can you live independently and manage your Activities of Daily Living (ADLs) without assistance?

- ☐ Yes
☐ No

If yes, explain:

Do you currently have or need a home health care provider or outside support service?

- ☐ Yes
☐ No

Agency Name (if applicable):

- ☐ I understand and agree that this program provides housing only. I will be responsible for my personal care, medical needs, and daily living tasks. I will not hold the program responsible for services outside the scope of independent housing.

Participant Initials:

Date:

Program Agreement Preview

- ☐ I understand that if accepted, I must follow all house rules, expectations, and participate in case management or program-related check-ins.
- ☐ I acknowledge that violating rules may result in a strike or dismissal from the program.

Applicant Declaration

I certify that the above information is true to the best of my knowledge. I understand that this intake does not guarantee placement, and my application will be reviewed by staff.

Participant Signature:

Date:

Staff Name:

Staff Signature:

Date: