



INITIAL HOUSING INTAKE

Date: _____	Name: _____	Social Security #: ____ - ____ - ____	DOB: ____/____/____ Age: _____
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Address: _____	Phone #: _____
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<p>Are you a person in a wheelchair? <input type="checkbox"/> yes, width _____ <input type="checkbox"/> no</p> <p>Have you served in the US Military? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Who else will be living with you in the community?</p> <p><input type="checkbox"/> No one</p> <p><input type="checkbox"/> Family member(s) - Name/contact information: _____</p> <p><input type="checkbox"/> Friend (s) - Name/contact information: _____</p> <p><input type="checkbox"/> Live-in-Aide - Name/contact information: _____</p> <p>What county/city/jurisdiction (s) are you willing to reside in? _____</p>	<p>Income information: Do you receive a nursing home monthly stipend? Amt: \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> No income</td> <td style="width:25%;"><input type="checkbox"/> SSI <input type="checkbox"/> SSDI</td> <td style="width:25%;"><input type="checkbox"/> Pension</td> <td style="width:25%;"><input type="checkbox"/> Other</td> </tr> </table> <p>Housing Documentation: Do you need assistance with obtaining the following housing documentation? Check all that apply</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Government-issued picture ID</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Proof of Income letter from Social Security</p> <p><input type="checkbox"/> Current bank statement(s)</p> <p><input type="checkbox"/> Other income and asset documentation</p> <p>Transportation Information: Have you applied for Mobility/Para-transit in your county/jurisdiction of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you travel on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have other transportation options? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> No income	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI	<input type="checkbox"/> Pension	<input type="checkbox"/> Other
<input type="checkbox"/> No income	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI	<input type="checkbox"/> Pension	<input type="checkbox"/> Other		

<p>Housing History: Check any that apply</p> <p><input type="checkbox"/> Private Rental – if yes, development _____</p> <p><input type="checkbox"/> Section 8/HCV – if yes, jurisdiction _____</p> <p><input type="checkbox"/> Public Housing – if yes, jurisdiction _____</p> <p><input type="checkbox"/> HUD Subsidized – if yes, development _____</p> <p><input type="checkbox"/> Shelter/homeless – if yes, date(s) _____</p> <p><input type="checkbox"/> Eviction history – if yes, when _____</p> <p><input type="checkbox"/> Foreclosure– if yes, date(s) _____</p> <p><input type="checkbox"/> No experience as lease-holder</p> <p>Did you have trouble with:</p> <p><input type="checkbox"/> Paying your rent on time?</p> <p><input type="checkbox"/> Keeping up with utility bills?</p> <p><input type="checkbox"/> Visitors/guest problems?</p> <p><input type="checkbox"/> Landlord or neighbor relationships?</p> <p><input type="checkbox"/> Clutter/ home maintenance?</p>	<p>Credit History: Check any that apply</p> <p><input type="checkbox"/> Past due utility/phone bill - Utility company/amount: _____</p> <p><input type="checkbox"/> Past due credit card bill(s)</p> <p><input type="checkbox"/> Owe money to a public housing authority</p> <p><input type="checkbox"/> Past due rent</p> <p><input type="checkbox"/> Other past due bills</p> <p><input type="checkbox"/> Medical bills</p> <p><input type="checkbox"/> Filed for bankruptcy Date _____</p> <p>Do you need assistance with reviewing your credit history? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Criminal History: Check/date any that apply</p> <p><input type="checkbox"/> Prior Arrests: _____</p> <p><input type="checkbox"/> Prior Convictions: _____</p> <p><input type="checkbox"/> Prior Incarcerations: _____</p> <p><input type="checkbox"/> Open warrants/parole/probation: _____</p> <p>Do you need assistance with reviewing your criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have legal representation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>What were your successes in the community prior to entering a NF? _____</p> <p>What were your challenges? _____</p>	<p>Housing Goals: _____ _____ _____ _____</p>
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Housing Support Determination

What are a person's assets?

- Ability to pay rent on time
- Ability to manage money
- Ability to maintain positive relationships
- Family/friend support
- Community inclusion (interest/past participation)
- Long-term rental history

- Ability to maintain home
- Ability to use transportation
- Motivation to resolve legal/credit issues
- Motivation to obtain housing
- Other

What are a person's challenges?

Objectives/Steps to Overcome Challenges

Service Plan Options: Household Budgeting CCCS referral Household Safety Adaptive Tech Other
Reasonable Accommodation (s):

Housing Goal: Progress, Setbacks, Revisions

Housing Preferences

Proximity to:

- Transportation
- Shopping
- Medical
- Religious Community
- Family/Friends
- Recreation/Cultural
- Other

Safety/Security:

Neighborhood Familiarity

Locale:

- Urban/Downtown
- Urban/Residential Neighborhood
- Suburban
- Rural/Small Town

Utility Needs

- Included in rent
- AC
- Gas/Electric/Oil
- Energy Assistance
- Other

Type of Housing

- Garden-Style Apt
- Elevator/High Rise
- Condo
- Townhome
- Single-Family Home
- Other

Living Space/Adaptability Preferences

- Bedroom _____
- Bathroom _____
- Kitchen _____
- Laundry _____

Housing Options

HCVP _____
 Special Purpose HCV: NED / Mainstream / HOPWA / MBQ / Other _____
 Project-Based _____
 Public Housing _____
 HUD Subsidized _____
 Home/TBRA (special program) _____
 811 _____
 Weinberg _____
 Other _____

Notes: