

# Adult Intake Form

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ Are you a U.S. Military Veteran?  Yes  No

Head of Household?  Yes  No If no, relationship to Head of Household? \_\_\_\_\_

Race  Alaskan Native  American Indian  Asian  Black  
 Hawaiian Native  Pacific Islander  White  Other \_\_\_\_\_

Hispanic or Latino?  Yes  No

Gender  Male  Female  Transgender Male to Female  Transgender Female to Male  Unknown  Refused

## Disabilities

Do you have any diagnosed disabilities?  Yes  No

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> HIV/AIDS    |
| <input type="checkbox"/> Developmental            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physical                 |                                      |

Do you have a history with drug or alcohol abuse?  Yes  No

- Drug Abuse  Alcohol Abuse  Both Drug & Alcohol Abuse

If yes, years sober \_\_\_\_\_

Do you have any diagnosed mental illnesses?  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> Antisocial Personality Disorder         | <input type="checkbox"/> Hallucinations                       |
| <input type="checkbox"/> Anxiety / Panic Disorder                | <input type="checkbox"/> Major Depression                     |
| <input type="checkbox"/> Attention Deficit / Learning Disability | <input type="checkbox"/> Posttraumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Bipolar Disorder                        | <input type="checkbox"/> Schizoaffective Disorder             |
| <input type="checkbox"/> Borderline Personality Disorder         | <input type="checkbox"/> Schizophrenia                        |
| <input type="checkbox"/> Dementia / Alzheimer's                  | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Eating Disorder                         | <input type="checkbox"/> None                                 |

## Health Insurance

Are you covered by Health Insurance?  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> MEDICAID                    | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> MEDICARE                    | <input type="checkbox"/> Private Pay Insurance          |
| <input type="checkbox"/> Badgercare                  | <input type="checkbox"/> VA Medical Assistance          |
| <input type="checkbox"/> COBRA Insurance             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Employer-Provided Insurance |   |

## Other Information

Have you ever been a victim of Domestic Violence?  Yes  No

If yes, when did the last experience occur?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> 3-6 months ago | <input type="checkbox"/> 6-12 months ago |
| <input type="checkbox"/> More than a year ago     | <input type="checkbox"/> Unknown        | <input type="checkbox"/> Refused         |

If yes, are you currently fleeing?  Yes  No

Are you formerly a Ward of Foster Care?  Yes  No

If yes, age you left the System \_\_\_\_\_

## Homelessness Information

Residence Prior to Project Entry (where did you sleep last night?) \_\_\_\_\_

### Length of Stay in Previous Place

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than 1 year
- 1 year or longer
- Unknown
- Refused

Approximate date homelessness started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of times you have been on the Streets, in Emergency Shelter, or Safe Haven in the past 3 years including today

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused

Total number of months homeless on the Street, in Emergency Shelter or Safe Haven in the past 3 years: \_\_\_\_\_

## Monthly Income

Do you receive income from any source?  Yes  No

- \$\_\_\_\_\_ Alimony or Other Spousal Support
- \$\_\_\_\_\_ Child Support
- \$\_\_\_\_\_ Earned Income
- \$\_\_\_\_\_ General Assistance
- \$\_\_\_\_\_ Pension or Retirement income from another job
- \$\_\_\_\_\_ Private Disability Insurance
- \$\_\_\_\_\_ Retirement Income from Social Security
- \$\_\_\_\_\_ SSDI
- \$\_\_\_\_\_ SSI
- \$\_\_\_\_\_ TANF
- \$\_\_\_\_\_ Unemployment Insurance
- \$\_\_\_\_\_ VA Non-Service Connected Disability Pension
- \$\_\_\_\_\_ VA Service Connected Disability Compensation
- \$\_\_\_\_\_ Worker's Compensation
- \$\_\_\_\_\_ Other \_\_\_\_\_

Employed?  Yes  No

Employer Info/Hours \_\_\_\_\_

If not employed, reason \_\_\_\_\_

## Non-Cash Benefits

Do you receive non-cash benefits from any source?  Yes  No

- Food Stamps \$\_\_\_\_\_
- Special Supplemental Nutrition Program for WIC
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Section 8, Public Housing, or other ongoing rental assistance
- Temporary rental assistance
- Other \_\_\_\_\_

# House of Mercy Information

Name \_\_\_\_\_

Single  Married  Separated  Divorced  Widowed

Currently pregnant?  Yes  No Due-date \_\_\_\_\_

Medical concerns \_\_\_\_\_

Medications \_\_\_\_\_

Highest level of education \_\_\_\_\_

Criminal convictions with dates of occurrence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in jail?  Yes  No

Have you ever been in prison?  Yes  No

Are you currently on parole or probation?  Yes  No

If yes, officer's name \_\_\_\_\_

Previous Stays at House of Mercy

\_\_\_\_\_

Eviction History – Dates & Amounts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Reason for Homelessness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any children that will not be residing at HOM with you?

\_\_\_\_\_

Additional Agencies/Case Managers

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

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Medical concerns \_\_\_\_\_

Medications \_\_\_\_\_

Highest level of education \_\_\_\_\_

Criminal convictions with dates of occurrence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If yes, officer's name \_\_\_\_\_

Previous Stays at House of Mercy

\_\_\_\_\_

Eviction History – Dates & Amounts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Reason for Homelessness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any children that will not be residing at HOM with you?

\_\_\_\_\_

Additional Agencies/Case Managers

\_\_\_\_\_  
\_\_\_\_\_

Primary means of transportation  Auto  Friend/Family  Bus  Bicycle  Walk  Other \_\_\_\_\_

➤ Make/Model \_\_\_\_\_

➤ License Plate # \_\_\_\_\_

➤ Auto Insurance \_\_\_\_\_

➤ Driver's License # \_\_\_\_\_

# Departure Information

Head of Household Name \_\_\_\_\_

Departure Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Type of Housing Found \_\_\_\_\_

Forwarding Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Management \_\_\_\_\_

Bus Fare \_\_\_\_\_

Gas Money \_\_\_\_\_

<p><b>Guests may not return to House of Mercy (reason):</b> _____</p> <p>_____</p> <p>_____</p>
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NOTES: