

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

- Chronic Health Condition
- Developmental
- Physical
- HIV/AIDS
- Other _____

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

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

Health Insurance

Are you covered by Health Insurance? Yes No

- MEDICAID
- MEDICARE
- Badgercare
- COBRA Insurance
- Employer-Provided Insurance
- Indian Health Services Program
- Private Pay Insurance
- VA Medical Assistance
- Other _____

Other Information

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

If yes, when did the last experience occur?

- Within the past 3 months
- 3-6 months ago
- 6-12 months ago
- More than a year ago
- Unknown
- Refused

If yes, are you currently fleeing? Yes No

What is the approximate date you began to make plans to look for housing to leave your current abusive situation? ____/____/____

Are you formerly a Ward of Foster Care? Yes No If yes, age you left the System _____

Were you previously in Kinship Care or Out of Home Care? Yes No If yes, age you left Care _____

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 _____