

Intake Form for Chronically Homeless Individuals

Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email

Current Location / Address

Emergency Contact (Name & Phone)

Homelessness History

How long have you been homeless?

Number of Episodes of Homelessness in the Past 3 Years

Where have you stayed while homeless? (Check all that apply)

☐

Shelter

☐

Streets

☐

Car

☐

Other

Last Stable Address (if known)

Health & Wellness

Medical Conditions

Mental Health History

Substance Use

Disabilities

Income & Benefits

Source(s) of Income

Benefits Currently Receiving (SSI, SSDI, SNAP, etc.)

Additional Information

What services do you need most right now?

Comments or Notes