

Transitional Housing Intake Questionnaire

Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email Address

Current Living Situation

Current Address

Describe your current living situation

How long have you been in your current living situation?

Income and Employment

Source of Income

Monthly Income

Employment Status

Health and Wellness

Describe your current physical health

Describe your current mental health

Do you have any disabilities or special needs?

Background Information

Do you have a criminal history?

Why are you seeking transitional housing?

Emergency Contact

Contact Name

Relationship

Phone Number