



## Resident Intake Form

Independent Living Program

### Section 1: Basic Information

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender: Female / Male

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Preferred Method of Contact (Call/Text/Email): \_\_\_\_\_

Desired Move-in Date (MM/DD/YYYY): \_\_\_\_\_

**Section 2: Emergency Contact**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

**Section 3: Income Information**

Are you currently employed? Yes / No

Have you been in any other housing programs? Yes / No

If yes, Employer Name: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Do you receive any public assistance? (SSI, SSDI, SNAP, etc.): \_\_\_\_\_

Payment Preference: Bi-weekly or Monthly? \_\_\_\_\_

Can you pay the required deposit and first rent payment at move in? Yes / No

What is your primary reason for seeking housing? Ex; (Veteran, Reentry from incarceration, Senior housing, Recovery housing, Veteran housing, Homelessness, Other)

\_\_\_\_\_

If yes, please list: \_\_\_\_\_

Reason for leaving previous residence: \_\_\_\_\_

**Section 4: Health and Wellness**

Do you have any physical or mental health diagnoses? Yes / No

If yes, please specify: \_\_\_\_\_

Do you currently take any medications? Yes / No

If yes, please list: \_\_\_\_\_

Do you have a primary care provider? Yes / No

Provider Name & Phone: \_\_\_\_\_

**Section 5: Goals and Support Needs**

What are your short-term goals (next 3–6 months)? \_\_\_\_\_

What are your long-term goals (1+ years)? \_\_\_\_\_

What type of support do you need? (Check all that apply)

- Housing stability

- Employment assistance

- Education support

- Life skills training

- Mental health services

- Physical health care

- Other: \_\_\_\_\_

**Section 6: Authorization and Consent**

I certify that the information provided in this intake form is true and complete to the best of my knowledge. I give consent to the Independent Living Program to use this information for program eligibility, planning, and support services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_