

Independent Housing Pre-Screening/ Intake Form

Purpose:

Please complete this form so we can assess eligibility and determine the most appropriate housing placement. All information provided is confidential and used solely for placement purposes.

Section 1: Applicant Information

1. Full Legal Name:
2. Date of Birth:
3. Phone Number:
4. Email Address (if available):
5. Current Address:
6. Referral Source:
 Agency Case Manager Hospital Outreach Worker Family/Friend
Self-Referral Other:

Section 2: Income & Benefits

7. Do you have a steady source of income? Yes No
8. Primary Source of Income (check all that apply):
 SSI SSDI Employment VA Benefits Retirement/Pension Other:
9. Estimated Monthly Income:
(Income verification may be required prior to move-in.)
10. Do you receive SNAP / EBT (Food Stamps)? Yes No
11. Do you have a working phone we can reliably contact you on? Yes No

Section 3: Independent Living Capacity

12. Are you able to live independently without daily assistance? Yes No
13. Do you currently receive assistance with daily activities (cleaning, cooking, hygiene, transportation, etc.)? Yes No
If yes, please explain:
14. Are you currently prescribed any medications? Yes No
15. Do you experience difficulty accessing medications (cost, insurance, transportation, etc.)? Yes No
If yes, please explain:
16. Do you require reminders for medications or appointments? Yes No
17. Do you have any mental health diagnoses you would like us to be aware of? (Optional)
 Yes No
If yes, please explain:

Section 4: Housing Preferences & Accessibility Needs

18. Preferred Room Type:
 Shared Room Private Room Private Room with Bathroom No Preference
19. Preferred Move-In Date:
20. Do you have any physical disabilities or mobility limitations? Yes No
If yes, please explain:
21. Do you require a ground-floor or downstairs room? Yes No
22. Do you have reliable transportation? Yes No
If no, do you need housing near a public bus route? Yes No

Section 5: Background & Legal History

23. Have you ever been evicted? Yes No
24. Have you ever been convicted of a felony? Yes No

25. Are you currently registered as a sex offender? Yes No

26. Do you have any pending legal matters or court cases? Yes No

If yes, please explain:

Section 6: Lifestyle & House Expectations

27. Are you willing to comply with house rules (no drugs, no unapproved guests, cleanliness standards, curfew/quiet hours, respect for others)? Yes No

28. Do you smoke or vape? Yes No

29. Do you consume alcohol? Yes No

30. Do you have any pets? Yes No

31. How would you describe your cleanliness level? Very Clean Average Needs Improvement

32. Do you have any difficulty sharing space with others? Yes No

Section 7: Additional Information

33. Why are you seeking housing at this time?

34. Is there anything else you would like us to know to help with placement?

35. Emergency Contact (optional but recommended):

Name:

Phone Number:

Relationship: