



Any Chemical dependency past or present and do you receive services? Where?:

Housing history

Times you lost housing and why:

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Client Intake Information

Name: _____

Date: _____

E-mail: _____

Agency that works with you:

Birth Date: _____

Age: _____

Vet:

Phone: _____

Email: _____

ID Card:

SS card:

Income

Working:

DOC Housing Voucher

HARP Funding

SSI:

SSDI:

Other:

Healthcare

Medicaid:

State Health:

Other:

Any Mental Health services or medication in the past or present? Please list.

Status_____

DOC Number_____

Are you working with any other organization or case managers are they helping with resources?

Work history

Are you working or looking for work?

Type?_____

Do you plan on attending school or training and what type of education?_____

Debt or LFOs:

Children and ages:

Incarceration or Arrest history

Any charges pending:

Charge_____

County_____ Status_____

Charge_____ County_____

What should we know about you to assist you? Please feel free to write in comments.

Counselor
Signature_____

Emergency Contacts/Family or friends

Resident
Signature_____

1. Name:_____

Relation:_____

Address:_____

Phone number:_____

2. Name:_____

Relation:_____

Address:_____

Phone number:_____

Comments.
