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### Client Intake Information

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Agency that works with you: \_\_\_\_\_

Birth Date: _____	<b><u>Do you Have the Following</u></b>
Age _____	ID Card _____
Veteran _____	SS Card _____
Phone Number _____	

**Income:**

Working	<input type="checkbox"/>
DOC Housing Voucher	<input type="checkbox"/>
SSI	<input type="checkbox"/>
SSDI	<input type="checkbox"/>
VA	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Healthcare**

Medicaid	<input type="checkbox"/>
State Health	<input type="checkbox"/>
VA	<input type="checkbox"/>
Other	<input type="checkbox"/>

Any Mental Health services or medication in past or present? Please List.. \_\_\_\_\_

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

### **Housing History**

Times you Lost housing and Why: \_\_\_\_\_

Debt or LFOs: \_\_\_\_\_  
Children and Ages \_\_\_\_\_

### **Incarceration or Arrest History**

Any charges pending:

Charge	_____
County	_____
Status	_____

Charge \_\_\_\_\_  
County \_\_\_\_\_  
Status \_\_\_\_\_

**DOC Number** \_\_\_\_\_

Are you working with any other organization or case managers and are they helping you with resoruces? \_\_\_\_\_  
\_\_\_\_\_

Do you plan on attenting school or training and if so what type of education? \_\_\_\_\_  
\_\_\_\_\_

What should we know about you to assist you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want people to think when they see you coming a year from now? How do you want them to View you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts/Family or Friends**

Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Signature \_\_\_\_\_ Resident Signature \_\_\_\_\_