

OUR HOUSE

Shelter Intake Form

Please read these notes before completing the form:

1. In order to stay at Our House, you must be willing and able to work full time. If unemployed, you will have 16 days to find full-time employment while attending classes on campus.

2. At Our House, you will be expected to be a contributing member of the community and to follow rules designed to provide a safe, clean and comfortable setting for residents, volunteers and staff.

General Information

Last Name		First Name		MI
Social Security Number			Gender	
Date of Birth: (Ex:MM/DD/YYYY)			Age	
Have you stayed at Our House before?	Yes or No	Date last here?		
Ethnicity:				
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Non-Latino		
Race:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other	<input type="checkbox"/> Other Multi-Racial	
Have you ever served on active duty in the United State Armed Forces?				Yes or No
Have you ever been arrested?	Yes or No	For what reason?		
Have you ever been in jail?	Yes or No	Have you ever been in prison?	Yes or No	
Are you currently on parole? (You may be eligible for special services)				Yes or No
Are you a registered sex offender?	Yes or No	Staff: Online registry check done by:		
Do you own a vehicle?	Yes or No	Is the car fully paid for?	Yes or No	
Is the car insured?	Yes or No	Staff: Proof of auto insurance copied by:		
Give Make, Model, Tag #:				
Do you have a drivers license?	Yes or No	Is it valid?	Yes or No	
Driver's License number:				
Housing				
Where did you stay last night? (Please check only one)				
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Jail, Prison or Juvenile Facility		<input type="checkbox"/> Hotel or Motel	
<input type="checkbox"/> Transitional Housing for Homeless	<input type="checkbox"/> Rental House/Apartment		<input type="checkbox"/> Place not meant for human habitation	
<input type="checkbox"/> Psychiatric Facility	<input type="checkbox"/> Own House/Apartment		<input type="checkbox"/> Domestic Violence Situation	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Staying With Family		<input type="checkbox"/> Subsidized Housing	
<input type="checkbox"/> Substance Abuse Treatment Center	<input type="checkbox"/> Staying With Friends		<input type="checkbox"/> Other: _____	
How long were you at this location? (Check only one)		<input type="checkbox"/> One week or less		
		<input type="checkbox"/> More than 1 week, but less than 1 month		
<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> More than 3 months, but less than 1 year		<input type="checkbox"/> One year or longer	
Reason for leaving:		<input type="checkbox"/> Formally Evicted		
		<input type="checkbox"/> Asked to leave by friends or family		
<input type="checkbox"/> Graduated/ Timed Out	<input type="checkbox"/> Left by choice		<input type="checkbox"/> Other: _____	

Are you chronically homeless? (Continuously homeless for a year or more OR had at least 4 separate episodes of homelessness in the past 3 years)		Yes or No			
Address where you last lived for 90 days or more (including zip code)		Street Address:			
Date you left this location:		City/State/Zip Code:			
Were you referred to Our House?		Yes or No			
By whom?					
Disability Status					
Do you have a long term disabling condition?		Yes or No			
Do you have a physical problem that limits your ability to work, or live on your own?		Yes or No			
Have you ever received benefits or services for a developmental disability?		Yes or No			
Have you been diagnosed with AIDS or have you tested positive for HIV?		Yes or No			
Do you have a mental health problem such as depression or bipolar disorder?		Yes or No			
Do you use alcohol or drugs?		Yes or No			
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Both			
Do you feel that you have a problem with alcohol or drugs?		Yes or No			
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Both			
Have you experienced domestic or intimate partner violence?		Yes or No			
If you answered yes to any, please explain (type of disability, mental health problem, when domestic violence was experienced): _____					
Are you currently on medication?	Yes or No	List medications below:			
Household information					
Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Type of Household:	<input type="checkbox"/> Two parent family (male and female parents)				
	<input type="checkbox"/> Female Single Parent Family		<input type="checkbox"/> Male Single Parent Family		
	<input type="checkbox"/> Grandparent(s) and Child(ren)		<input type="checkbox"/> Couple (Parent and Friend) and Child(ren)		
	<input type="checkbox"/> Couple (Male and Female)		<input type="checkbox"/> Partners (both male or both female)		
	<input type="checkbox"/> Non-custodial caregiver(s) and Child(ren)		<input type="checkbox"/> Other: _____		
List all members of household that will be residing at Our House below (excluding yourself)					
Name	SS #	DOB	Gender	Relationship	
Education					
What is the highest grade you have completed?					
What degrees or certificates have you earned?					
Have you received any vocational training or apprenticeship certificates?		Yes or No			
Please list those trainings or certificates:					
Are you currently in school or working on any degree or certificate?		Yes or No			
If yes, what school?		What degree?			

Employment			
Are you currently employed?	Yes or No	How long have you worked there?	
Name of employer:		Occupation/Job Title:	
Average number of hours worked per week: 0-10 10-20 20-30 30-40 40+			
Current pay rate:		Frequency: weekly bi-weekly bi-monthly monthly	
Job Duties:			
Employment History			
Place of last employment:		Occupation/Job Title:	
Average number of hours worked per week: 0-10 10-20 20-30 30-40 40+			
Employment Dates		From:	To:
Pay Rate		From:	To:
Job Duties:			
Income/Expense related questions:			
Please list all monthly income under the appropriate source.			
Source			Monthly Amount
Employment			
Other regular income-circle one (SSI/SSDI, Child Support, Alimony, etc.)			
Other regular income (list source)			
Total current monthly income:			
Please list all monthly public assistance under the appropriate source.			
Food Stamps:	TEA:	Medicaid:	
WIC:	Work Pays:	Veteran Benefits:	
Other (please list with amount):			
Please list all monthly expenses under the appropriate source.			
Car Payment:	Car Insurance:	Cell Phone:	
Child Support:	Fines:	Legal Fees:	
Other (please list with amount):			
Total current monthly expenses:			
Emergency Contact:			
Name:		Relationship:	
Address:		Phone:	

I certify that the information provided here is correct. I understand that deliberately providing incorrect information can result in eviction from Our House.

Signed _____

Date _____

Privacy Policy: We collect personal information only when appropriate. We may use or disclose your information to provide you with services or to comply with legal and other obligations. By signing, you agree to allow us to collect information and to use or disclose it as described. You can inspect personal information about you and ask us to correct inaccurate or incomplete information.