



Housing Intake & Assessment Form

Referral Date: _____ Referred by: _____

CM Phone/Contact information: _____

Name: _____ ACES ID #: _____

DOB: ____/____/____. Age: _____

Current Address & Contact Information: _____

Income Information – (indicate amounts as applicable)

Social Security: _____ SSI: _____

SSDI: _____ Pension: _____

All other income, source & amount: _____

Personal Information -

Do you use a walker or wheelchair? Y / N

Width: _____

Do you have a pet? Y / N

Do you have a service animal? Y / N

Do you smoke? Y / N

Do you have a prescription for marijuana? Y / N

Have you served in the U.S. Military? Y / N

If yes, list service dates: _____

Do you have a criminal record? Y / N

(if yes, list type and date of all violations, i.e., misdemeanor/felony convictions and other related information. Attach all relevant/applicable documents.)

Will anyone else be living with you? Y / N

If yes, list name and contact information. Anyone over the age of 18 is subject to a background check.

Family/partner/friend: _____

Live-in aide/other: _____

Housing History:

Have you ever received subsidized housing from a Public Housing Authority? Y / N

Do you have any rental history? Y / N

Do you have any past evictions from rental housing? Y / N Dates: _____

Do you owe anyone or any public housing authority for past-due rent or damages? Y / N

Credit history: good / fair / poor / unsure



Housing Intake & Assessment Form

Transportation Information -

Do you have a vehicle? Y / N

Do you travel without assistance? Y / N

Do you rely upon public transportation? Y / N

Describe your transportation needs: _____

Supportive Services Information -

Do you receive prepaid services (Medicaid) through the state? Y / N

If so, how many hours per month? _____

Do you receive any informal supports from family/friends? Y / N

If so, please describe: _____

Do you receive substance abuse counseling services/support? Y / N

Do you receive mental health counseling services/support? Y / N

Do you currently use payee services? Y / N If not, are you willing to use a protective payee? Y / N

Do any of the following apply to you?

Suicidal ideation Y / N Medication instability Y / N Addiction to alcohol/controlled substances Y/N

Any additional information: _____

Individual Assets/Strengths (check all that apply)

____ Ability to manage money and sustain personal budget – (banked or unbanked)

____ Ability to pay rent on time – (long-term rental history)

____ Ability to maintain a clean and safe home environment – lease compliance

____ Ability to maintain positive relationships – lots of family/friends supports

____ Ability to use private/public transportation – mobility

____ Motivated to obtain community-based housing – (want to live independently)

____ Motivated to resolve any/all legal or credit issues

Other – describe: _____

Housing Preferences -

In what county/city/jurisdiction (areas) are you willing to reside? _____

Please circle your preferences:

Location	Type of Housing	Living Space	Proximity To
Urban/downtown	Multi-family apartment	# of bedrooms:	Public Transportation
Urban neighborhood	High-rise apartment	ADA bathroom/kitchen	Medical services/clinics
Suburban	Duplex/Town Home	Wide hallways/doors	Family/Friends
Rural/small town	Single Family	On-site laundry	Religious community
Other	Mobile Home Park	No-step entrance	Shopping
	55+ senior housing	Barrier-free housing	Recreation/cultural
	Other	Other	Other



Housing Intake & Assessment Form

(this page to be completed by regional Housing Program Manager)

Client has required documentation?

Social security card? Y / N Birth Certificate? Y / N. Current bank statement (if applicable)? Y / N
Background check? Y / N Current Picture ID? Y / N Proof of Income? Y / N
Other asset documentation? Y / N

Housing Options:

Tenant Based Rental Assistance: Housing Choice Vouchers (Section 8), NED, VASH, FUP, HOPWA, other

Project-Based rental subsidy: 811, 202, 811-PRA, Tax-Credit, other

DDA: Supported Living or SOLA, Companion Housing, HTF set-aside

AL TSA Rental Subsidy: BRIDGE, GOSH

Continuum of Care: Shelter + Care, HPRP, PSH, TH, other

BHO contract (DBHR-BHA): Oxford Housing

Commerce subsidized: HEN, other

Other HUD or USDA subsidized:

County/City – TBRA or other special program:

Other:

Notes: