Always Home, Inc.
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Always Home | PREVENTING FAMILY HOMELESSNESS

INTAKE & ASSESSMENT FORM

HEAD OF HOUSEHOLD INFORMATION

Date: _____

NAME: _____

Email Address: _____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Nonbinary/Gender Nonconforming

Primary Race: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Black or African American ☐ Multi Racial ☐ White ☐ Other _____

Primary Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Type of Living Situation: _____

Length of Stay: ☐ One week or less ☐ More than one week, but less than one month ☐ One to three months ☐ More than three months, but less than one year ☐ One year or longer

Zip Code of Last Permanent Address: _____

Are you a veteran of the U.S. military? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Do you have a disability of a long duration? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Highest Educational Level Attained: _____

Are you a Domestic Violence Survivor? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

SERVICES INVOLVED WITH HOUSEHOLD

Are you currently working with any Social Service Agency (ex. DCF, CHR, DSS, etc.)?

Name	Address	Phone Number	Contact Person

BARRIERS TO ACCESSING HOUSING

Why do you feel that you are at the risk of being homeless? _____

Reason(s) for loss of housing/becoming homeless: _____

_____

_____

_____

Have you ever been homeless before? ☐ Yes ☐ No

If yes, how many times? _____

When?_____ Where? _____

Reason(s): _____

_____

Emergency Contact Person(s):

Name	Address	Phone Number	Relationship

IDENTIFICATION OF DOCUMENTS

Do you have your certified birth certificate? ☐ Yes ☐ No

Do you have an SSN and card? ☐ Yes ☐ No

Do you have a Driver's License or CT State ID? ☐ Yes ☐ No

HOUSING INFORMATATION

Where are you looking for housing? _____

Have you ever been evicted before? ☐ Yes ☐ No

If yes, how many times? _____

Have you ever received Security Deposit, Rental, or Eviction Assistance? ☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever applied for Section 8 or public housing? ☐ Yes ☐ No

Have you ever lived in subsidized housing? ☐ Yes ☐ No

If yes, please explain: _____

_____

From your past rental experiences, how would you rate your relationship with that landlord?

☐ Good ☐ Fair ☐ Not Too Good ☐ Poor

Did you pay your rent/mortgage on time? ☐ Yes ☐ No

If not, please explain: _____

_____

Did you pay by: ☐ Cash ☐ Check ☐ Money Order

Were you responsible for paying utilities? ☐ Yes ☐ No

If yes, which ones: ☐ Water ☐ Electric ☐ Gas ☐ Oil

HOUSING INFORMATATION cont.

This section excludes the head of household named above and includes both custodial and non-custodial children.

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	DOB	SS#	Gender	Primary Race	Ethnicity	Veteran (Y/N)	Disability (Y/N)	Parental Status (Custodial/ Non-Custodial)	Highest Educational Level Attained
	Self									

FINANCIAL INFORMATION & INCOME SOURCE(S)

This section includes all household members with a source of income.

Source	Recipient Name	Case Number	Recert. Date	Monthly Amount
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Alimony				
Child Support				
Medicaid				
Other (Please explain below)				

Other: _____

FINANCIAL INFORMATION

Do you have a checking/savings account? ☐ Yes ☐ No

If yes, how often do you save? $_____per month

Are there any outstanding utility bills (Heat, Electric, Water, Phone, etc.)? ☐ Yes ☐ No

If yes, name them and the balance due below.

Name of Individual/Company Owed	Account Number	Amount Owed

EMPLOYMENT INFORMATATION

Are you employed? ☐ Yes ☐ No

Full or Part Time Employment?_____**Hours worked per week?** _____

Employer:_____

Address:_____

City/Town:_____State:_____Zip Code:_____

Phone Number:_____ Dates of Employment:_____

Weekly Schedule: _____

Previous places of employment: _____

_____

If interested in employment, what type of work do you prefer or would you like to explore?

_____

In exploring employment opportunities, do you have any major barriers to work (transportation, childcare, etc.)? ☐ Yes ☐ No

If yes, which: _____

Do you have access to public transportation or reliable car? ☐ Yes ☐ No

Do you need childcare? ☐ Yes ☐ No

If yes, do you need childcare but cannot afford it? ☐ Yes ☐ No

Do you have a VALID driver's license? ☐ Yes ☐ No

If yes, license #: _____

State: _____

EDUCATIONAL INFORMATATION

Is school or job training a consideration? ☐ Yes ☐ No

If applicable, would you be interested in exploring GED classes? ☐ Yes ☐ No

Primary Language: _____

Is there a language barrier? ☐ Yes ☐ No

If so, what? _____

Is an interpreter needed? ☐ Yes ☐ No

Do you:

Speak English? ☐ Yes ☐ No

Read English? ☐ Yes ☐ No

Write English? ☐ Yes ☐ No

Does adult(s) need assistance filling out and/or understanding applications? ☐ Yes ☐ No

Schools Children Attend:

CHILDREN				
Child's Name	**Age**	**School/Town**	**Grade**	**Phone Number**

MEDICAL & BEHAVIORAL HEALTH INFORMATION

Do you and all family members in your household currently have health insurance? ☐ Yes ☐ No

Do you and all family members in your household currently have dental insurance? ☐ Yes ☐ No

Health/Dental Insurance Information:

Patient's Name	Insurance Company	Doctor's Name	Phone Number

Do you or any family members have a medical condition? ☐ Yes ☐ No

If yes, who?

Name	Condition	Medication	Severe/Moderate/ Seasonal

Do you or any member of your family have a disability? ☐ Yes ☐ No

If yes, please explain: _____

_____

Are there any mental health/substance abuse issues within your family? ☐ Yes ☐ No

If so, please explain: _____

_____

Case Manager (Print Name):_____Date:_____

Case Manager Signature: _____

Resident (Print Name):_____Date:_____

Resident Signature: _____

Based on intake form, the case manager will establish in collaboration with the family a service plan to address barriers to accessing housing and appropriate services.