

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 INFORMATION

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 INFORMATION 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 INFORMATION

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 INFORMATION

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.



Always Home

PREVENTING
FAMILY
HOMELESSNESS

Always Home Family Budget Form

Name (Head of Household):

Other adult in household:

number of children:

Total Household:

EXPENSES

Rent

#DIV/0! of total income

Electric

Heating oil

Natural Gas

Auto insurance

Gasoline

Food

Foodstamps =

Cell phone

Clothes

Childcare

Child Support

Other

TOTAL	\$ - per month	\$ - per year
	\$ - per week	

INCOME	hourly pay	hours	per week	per month	per year
wage 1*			\$ -	\$ -	\$ -
wage 2*			\$ -	\$ -	\$ -
TANF					\$ -
SSI/SSDI				\$ -	\$ -
child support**				\$ -	\$ -
other**				\$ -	\$ -
TOTAL			\$ -	\$ -	\$ -

* wage income net of 20% taxes

** fill in weekly OR monthly payment

Annual Savings (Deficit)

\$ -