# Homeless Family Center

## Preliminary Intake Form

NAME: _____DATE: _____

AGE: _____RACE:_____SEX:_____TELEPHONE # _____

REFERRING AGENCY: _____

| QUESTION | YES | NO | NOTES |
|---|---|---|---|
| Are you a registered Sex Offender? | | | |
| Are you homeless? | | | |
| Are you a Veteran? | | | |
| Would you pass a drug screen today? | | | |
| Do you live in IRC, SLC, Martin, or Okeechobee County? If No, where? | | | |
| Are you a past resident of Homeless Family Center? | | | |
| Do you have any Health concerns? IF you're a couple please indicate whose information is on here. | | | |
| Are you Pregnant? How many weeks? | | | |
| Mental Health Concerns? | | | |
| Are you on any Medications? | | | |
| Any Legal Matters/Arrests/Convictions? | | | |
| Violent Past/Restraining Orders? | | | |
| Drug Abuse History? Have you ever used drugs in the past? How long being clean? | | | |
| Do you have legal right to reside and work in the US? | | | |
| Are you working? If yes , Where? | | | |
| Are you ABLE to work? | | | |
| Utilized rental/utility assistance before? If yes please explain? | | | |
| SSI/SSD Income? If yes, How much? | | | |
| SSI/SSD pending? | | | |

| Names of **ALL** Family Members (Oldest to youngest) | DOB | Male/ Female | Relationship | Any Special Needs? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Staff Signature: _____Date:_____

| Appointment | Date | Time | Show up/Rescheduled |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

# Resident Questionnaire

Date:_____

Name:_____ Date of Birth:_____
Last First Middle Initial

Social Security #_____I came here from (City, State)_____

Driver's License: YES NO State Issued: _____ Class: _____ License#_____

Do you have a vehicle now that you are bringing to the shelter? YES NO Plate#_____

Are you now, or have you ever been known by any other name, or have you changed your name (first or last)? YES NO

If yes, what other name was used. _____ _____
Last Name First Name

Please explain how you came to HFC (who brought you to HFC, how did you get to HFC, why have you come to HFC, how do you think HFC can help you)

_____

_____

_____

_____

**HOUSING BACKGROUND**

Have you ever been homeless before? YES NO How many times?_____

Have you ever lived in foster care as a child? YES NO How long and when? _____

Where have you lived and with whom over the past **8 – 10 years**? **Start with the most recent first.**

| City/Town | State | With Whom | Month/Year | How Long |
|---|---|---|---|---|
| City/Town | State | With Whom | Month/Year | How Long |
| City/Town | State | With Whom | Month/Year | How Long |
| City/Town | State | With Whom | Month/Year | How Long |
| City/Town | State | With Whom | Month/Year | How Long |

**HEALTH AND MENTAL HEALTH**

Do you have any physical limitations? YES NO If yes, describe:_____

Do you have any health problems? YES NO If yes, describe:_____

Indicate any doctors you are seeing:

Doctor:_____ Phone:_____

Location:_____ How Long:_____

Doctor:_____ Phone:_____

Location:_____ How Long:_____

How would you define your mental health? GOOD FAIR POOR

Do you have problems with substance abuse? YES NO (If yes, check all that apply)

_____Alcohol _____Heroine _____Crack _____Cocaine _____Marijuana _____Prescription Drugs

Other:_____

Do you attend AA / NA? YES NO If yes, how often?_____

List any and all mental health and substance abuse treatment you have had over the past **10** years.

| Where | When | Type of Treatment |
|---|---|---|
| | | |
| Where | When | Type of Treatment |
| | | |
| Where | When | Type of Treatment |

**EDUCATION AND EMPLOYMENT**

Are you a veteran? YES NO

If YES, What branch of service did you serve? _____

What was your rank? _____ Where and when did you serve? _____

Did you receive any special training or acquire any skills? _____

Were you honorably discharged? YES NO

Are you able to work? YES NO

How many full time jobs have you had in the past 3 years? 1 or fewer 2-3 4-5 6 or more

Have you ever been disciplined by an employer for either poor attendance or performance problems? YES NO

If you found work today, when would you be able to start? RIGHT NOW NOT NOW, BUT BY_____

Do you have any employment experience – including part time, full time or volunteer experience? YES NO

| Type of Work | What were your reasons for leaving? |
|---|---|
| 1. | |
| 2. | |

Are you currently attending any type of schooling? YES NO

If yes, Where:_____ What for:_____

How many years of high school have you completed? 0-1 2 3 4 or more

Name of School Attended:_____

City:_____ State:_____ Country, if outside of US_____

Did you graduate from high school or get a GED? YES NO

Did you attend a college or university? YES NO

Did you graduate and receive a college degree? YES NO Major or Course of Study:_____

Did you attend any other type of school (vocational, trade school)? YES NO

Name of School:_____ City:_____

State:_____

Have you graduated, received a certificate or a degree from this school? YES NO

Major or Course of Study_____

Do you have any special license(s) or certifications? YES NO License(s) or Certifications held:_____

List any other skills you have (typing, computers, etc): _____

_____

**LEGAL HISTORY**

Are you currently on probation or parole? YES NO

If yes, location of probation / parole office:_____

Phone:_____

**Indicate ANY and ALL misdemeanors and/or felonies you have been ARRESTED for , in the past 10 years?**

| CHARGE | Date of Arrest | Conviction (yes or no) |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

**SUPPORT SYSTEM**

Who in your family are you closest to?_____

Name Relationship

Do you have a support system? YES NO

How would you describe your relationship with your family? GOOD FAIR POOR

**Emergency Contact: _____Relationship: _____**
**City/State: _____ Telephone: _____**

**RESOURCES**

| **List all the resources and the amounts you or your family are receiving?** | | **Monthly Fixed Expenses** | |
|---|---|---|---|
| _____ | VR Services | $_____ | Car Loan |
| $_____ | SSI | $_____ | Car Insurance |
| $_____ | SSD | $_____ | Charge Card Debt |
| $_____ | Food Stamps | $_____ | Personal Loans |
| $_____ | AFDC/TANF | $_____ | Household Maintenance |
| YES OR NO | Medicaid | $_____ | Past Utility Bills |
| $_____ | Unemployment | $_____ | Child Support |
| $_____ (Indicate last payment received ) | Child Support | $_____ | Other |
| $_____ | Employment | | |
| $_____ | Other | | |

**THE FUTURE**

By this time next year, I see myself living_____
_____
_____

Identify 3 goals you hope to accomplish in the next couple of months_____
_____
_____

How do you expect to accomplish them?
_____
_____
_____