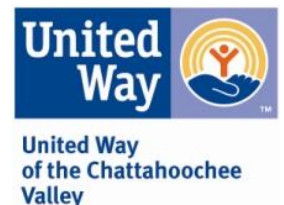


## Things to know about your housing intake

- **If you do not want to or cannot fill out the attached form, you may call 2-1-1 or 706-405-4775 and a call agent will assist you.**
- Answering yes or no to any question, or refusing to answer any question, does not automatically qualify or disqualify you for services; however, answering completely helps us identify the best program for your needs.
- The information you provide will be shared with agencies that may be able to help. Why is it important that we share this information?
  - To better assess your needs and the needs of others in your community, as well as what services are available to you.
  - To track whether your needs, and the needs of others in your community, were actually met.
  - To improve the quality of care and service for homeless individuals and families.
- **Completing this form is not a promise or guarantee of future housing.**
- What are the next steps?
  - Your intake will be assessed by close of business the following business day and sent to program(s) that may be able to assist you with your housing needs.
  - If you have provided a cell phone number, please make sure the voicemail is set up so we can leave messages for you if we can't reach you
  - You should be contacted by an agency representative by the close of business on the 3<sup>rd</sup> business day.
  - **If you have not been contacted by an agency by the close of business on the 5<sup>th</sup> business day, please call 2-1-1 or 706-405-4775.**
  - **Please keep this cover sheet for your records**

Date of Intake: \_\_\_\_ / \_\_\_\_ 3<sup>rd</sup> Business Day: \_\_\_\_ / \_\_\_\_ 5<sup>th</sup> Business Day: \_\_\_\_ / \_\_\_\_

*(Calls will not be returned on weekends or holidays)*



FULL NAME: \_\_\_\_\_ Gender: Female\_\_\_\_ Male\_\_\_\_

DATE OF BIRTH\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ LAST FOUR OF SSN \*\*\_\*\*\* \_\_\_\_\_

CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

What's the best time of day to contact you? MORNING\_\_\_\_\_ AFTERNOON\_\_\_\_\_

**If we can't contact you by phone, where's the best place to find you?**

\_\_\_\_\_

**Answering YES or NO or refusing to answer any of the following questions neither automatically qualifies nor disqualifies you for a program; it simply helps us identify the best program to meet your needs.**

1. Where did you sleep last night? (check one) \_\_\_\_\_ Outside/Street/Park \_\_\_\_\_ Shelter \_\_\_\_\_ Hospital \_\_\_\_\_ Hotel (self-pay) \_\_\_\_\_ Hotel (agency-paid) \_\_\_\_\_ Jail \_\_\_\_\_ Friend/Family \_\_\_\_\_ Other
2. Have you (and/or your spouse) ever served in the Military (Active Duty, Guard or Reserves)? YES \_\_\_\_\_ NO \_\_\_\_\_
  - If so, are you eligible for VA Benefits? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE \_\_\_\_\_
3. Are you **ACTIVELY FLEEING** an episode of Domestic Violence **NOW**? YES \_\_\_\_ NO \_\_\_\_
4. Is this your first experience with homelessness? YES \_\_\_\_\_ NO \_\_\_\_\_
5. How long have you been homeless THIS TIME? \_\_\_\_\_
6. How many times have you been homeless in the past 3 years? \_\_\_\_\_
  - How many months total in the past 3 years have you been homeless? \_\_\_\_\_
7. Do you have a source of income? YES \_\_\_\_\_ NO \_\_\_\_\_
  - If yes, what is your approximate income \$ \_\_\_\_\_ per MONTH
8. Do you have a mental or physical disability or illness? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Do you have now or ever had a substance abuse issue? YES \_\_\_\_\_ NO \_\_\_\_\_
  - If Yes, do you have an active substance abuse issue? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Do you have a spouse/partner or other family members with you? YES \_\_\_\_\_ NO \_\_\_\_\_
  - If Yes, how many family members are with you? \_\_\_\_\_
  - How many are under the age of 18? \_\_\_\_\_
11. Do you currently have Health Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

12. What is your employment status?

- Disabled \_\_\_\_\_
- Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp/Day Labor \_\_\_\_\_
- Unemployed \_\_\_\_\_
- Student (employed) \_\_\_\_\_ Student (unemployed) \_\_\_\_\_
- Maternity Leave \_\_\_\_\_ Retired \_\_\_\_\_ Self-employed \_\_\_\_\_

13. Do you receive any type of assistance? **Circle all that apply**

Child Support      Food Stamps      Foster Care Supplement      General Assistance  
 Medicaid      Medicare      PeachCare      Pension      Retirement      Section 8  
 Social Security/SSI/SSDI      TANF      Unemployment      Veteran's Benefits  
 WIC      Worker's Compensation      None      Other: \_\_\_\_\_

14. Is there any additional information you would like to provide? \_\_\_\_\_

***By signing below, I give my permission for this information to be shared with agencies that may be able to assist me in locating and obtaining transitional and/or permanent housing.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR AGENCY COMPLETING INTAKE USE ONLY**

Agency Completing Intake \_\_\_\_\_

Agency Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Intake Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Intake completed by: \_\_\_\_\_

Shelter or other Diversion resources were provided to the client Yes \_\_\_\_\_ No \_\_\_\_\_

ClientTrack ID# (if known) \_\_\_\_\_

Please email or fax to: [tredding@unitedwayofthecv.org](mailto:tredding@unitedwayofthecv.org) FAX 706-571-2271

211 Client ID \_\_\_\_\_ 211 Contact # \_\_\_\_\_ Sent to CES \_\_\_\_ / \_\_\_\_ / \_\_\_\_