



Ann Hill | Founder/Director
 Evelyn's House Foundation
 annhill@evelynshousefoundation.org
 www.evelynshousefoundation.org

Client Intake Information

Name: _____
 Date: _____
 E-mail: _____
 Agency that works with you: _____
 Birth Date: _____
 Age: _____
 Vet:
 Phone: _____
 Email: _____
 ID Card:
 SS card:

Income

Working:
 DOC Housing Voucher
 HARP Funding
 SSI:
 SSDI:
 Other:

Healthcare

Medicaid:
 State Health:
 Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present and do you receive services? Where?:

Housing history

Times you lost housing and why:

Debt or LFOs: _____

Children and ages: _____

Incarceration or Arrest history

Any charges pending:
 Charge _____
 County _____
 Status _____
 Charge _____
 County _____
 Status _____
 DOC Number _____

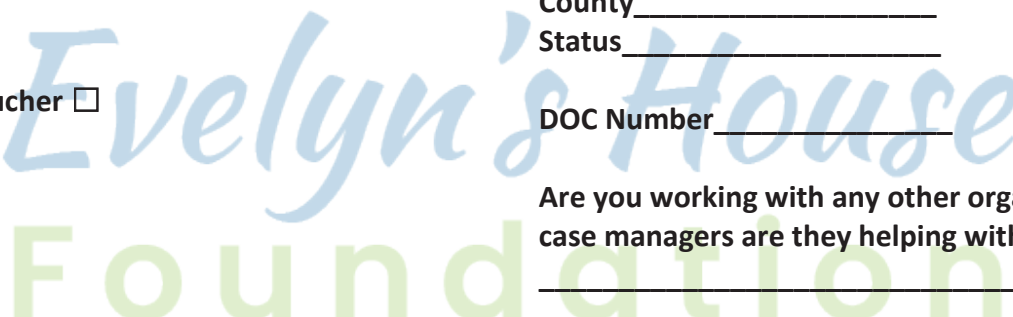
Are you working with any other organization or case managers are they helping with resources?

Work history

Are you working or looking for work?

Type? _____

Do you plan on attending school or training and what type of education? _____



What should we know about you to assist you? Please feel free to write in comments.

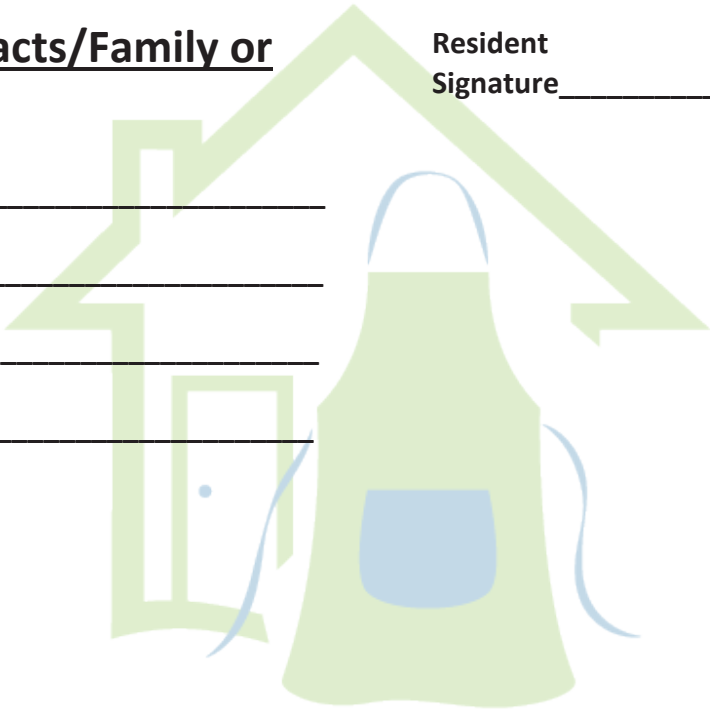
Counselor
Signature _____

Emergency Contacts/Family or friends

Resident
Signature _____

1. Name: _____
Relation: _____
Address: _____
Phone number: _____

2. Name: _____
Relation: _____
Address: _____
Phone number: _____



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Comments.



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