

Empower Transitional Housing

Resident Intake Form

Date of Intake: _____

Personal Information

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Current Address: _____
- Emergency Contact Name & Relationship: _____
- Emergency Contact Phone Number: _____

Demographic Information

- Gender: Male Female Non-Binary Prefer not to say
- Race/Ethnicity (Optional): _____
- Preferred Language: _____

Housing History

1. Are you currently homeless? Yes No
2. If yes, how long have you been homeless? _____
3. Where did you sleep last night?
 - Shelter
 - Street/Outside
 - Hospital/Institution
 - With friends/family
 - Other: _____
4. Previous Housing Situation: _____
5. Have you ever lived in a transitional housing program before? Yes No
 - If yes, where? _____

Employment & Income

1. Are you currently employed? Yes No
 - If yes, Employer Name: _____

- **Position:** _____
 - **Hours per week:** _____
2. **Do you receive any income?** Yes No
- If yes, **Source of Income:** Employment
 - Government Assistance Disability Other
 - **Amount per month:** _____

Health & Wellness

1. **Do you have any medical conditions or disabilities?** Yes No
- If yes, please specify: _____
2. **Are you currently taking any medications?** Yes No
- If yes, please list: _____
3. **Do you have any history of mental health challenges?** Yes No
- If yes, are you receiving treatment? Yes No
4. **Do you have a history of substance use?** Yes No
- If yes, are you in recovery? Yes No
 - Do you need substance abuse support services? Yes No

Legal & Safety Information

1. **Do you have any pending legal matters?** Yes No
- If yes, please explain: _____
2. **Are you currently on probation or parole?** Yes No
3. **Do you have a restraining order or need safety planning?** Yes No

Program Expectations & Support Needs

1. **Why do you want to join Soft Life Co Transitional Housing?**
- _____
2. **What goals do you hope to achieve while in the program?**
- Secure permanent housing
 - Find employment
 - Continue education/training
 - Improve mental health/wellness
 - Other: _____
3. **Do you need assistance with any of the following?**
- Job search
 - Education
 - Financial planning
 - Therapy/counseling

- Other: _____



Payment Responsibility

- **Who will be responsible for program costs?**
 - Applicant
 - Family Member/Support System
 - Government Assistance Program
 - Nonprofit/Charity Sponsorship
 - Other (please specify): _____

Resident Agreement & Signature

I certify that the information provided is accurate to the best of my knowledge. I understand that Soft Life Co Transitional Housing has rules and expectations that I must follow while residing in the program.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____