



## PARTICIPANT INFORMATION AND ONGOING CONTACTS

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Date of Visit	Visit Location	Employee/Volunteer(s)
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Focus of Visit (check one):       Intake     Follow-Up     Program Exit/Close Out

### Participant Information

#### Contact Info

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First Name	Last Name	State/Co. ID# (if applicable)
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Street Address	City, State, Zip	Today's Date
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Phone Number	Email Address	Date of Birth
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#### Release Info

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Release Date	Location of Release (Prison/Co. Jail)
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#### Qualifying Services (check all that apply)

- VA Benefits
- Vocational Rehab
- Federal, State, County Program
- Other Funding (describe) \_\_\_\_\_



### Employment or Source of Income

I am employed and make \$ \_\_\_\_\_ per  Week  Month  Hour (check one)

I am unemployed and:

Have the following employable skills:	Am seeking the following job:
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### Family Information

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### Background Information

#### Gender

Male  Female  Other \_\_\_\_\_

#### Veteran Status

Active  Served  Did not Serve

#### Hispanic or Latino

Yes  No  Decline

#### Refugee

Yes  No

#### Incarcerated

Yes  No

#### Have you Experienced Foster Care?

Yes  No

#### Do you Receive Food Assistance?

Yes  No

#### Have you Been Affected by Family Being Incarcerated?

Yes  No

#### Close Relative or Friend

Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Dietary Restrictions?

\_\_\_\_\_

#### Race (check all that apply)

African American/Black  White  Asian  Native American

Native Hawaiian/Pacific Islander  Declined  Other \_\_\_\_\_



## Housing Information

### Housing Status

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Imminently Homeless | <input type="checkbox"/> Literally Homeless | <input type="checkbox"/> Stably Housed                        |
| <input type="checkbox"/> Unstably Housed     | <input type="checkbox"/> Sober House Needed | <input type="checkbox"/> Housing Ownership                    |
| <input type="checkbox"/> Buying              | <input type="checkbox"/> Homeless           | <input type="checkbox"/> Own <input type="checkbox"/> Renting |

### Household Make-Up (including self)

No. of Adults \_\_\_\_\_ No. of Children (under 18) \_\_\_\_\_  
Household Income \$ \_\_\_\_\_/mo.

If applicable, Name of Transition Home/Landlord \_\_\_\_\_  
Amount Due \$ \_\_\_\_\_ Date Due \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## Transportation Assistance

- Driver's License?     Yes License No. \_\_\_\_\_  
                                   No
- ID Needed?             Yes    No

Bus Pass Number \_\_\_\_\_

### Transportation Status/Options/Challenges

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## Authorization/Certification

My signature below certifies that all information provided on this enrollment form is accurate and complete to the best of my knowledge.

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Signature

Date



## Clothing Needs/Voucher

Size

Coat \_\_\_\_\_ Pants \_\_\_\_\_ Shirt \_\_\_\_\_ Shoes \_\_\_\_\_

Adults

Client _____	Amount: \$ _____
Spouse Name _____	Amount: \$ _____

Children

Child Name _____	Age _____	Amount: \$ _____
Child Name _____	Age _____	Amount: \$ _____
Child Name _____	Age _____	Amount: \$ _____
Child Name _____	Age _____	Amount: \$ _____
Child Name _____	Age _____	Amount: \$ _____

## Merchandise Needs/Voucher

Amount: \$ \_\_\_\_\_ for (specific) \_\_\_\_\_

Hygiene Kit

Yes  No

Other Assistance/Referrals (e.g. Drug Testing/ID/RX)

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