

Participant Information and Ongoing Contacts

Date of Visit	Visit Location	Employee/Volunteer(s)
Focus of Visit (check one):	<input type="checkbox"/> Intake	<input type="checkbox"/> Follow-Up <input type="checkbox"/> Program Exit/Close Out

Participant Information

Contact Info

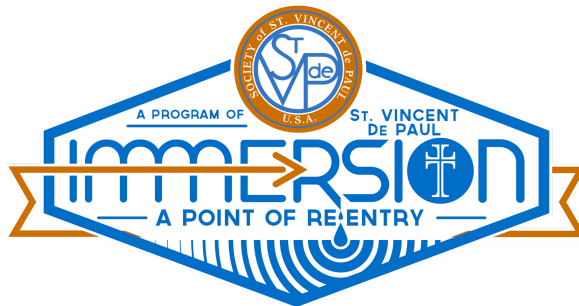
First Name	Last Name	State/Co. ID# (if applicable)
Street Address	City, State, Zip	Today's Date
Phone Number	Email Address	Date of Birth

Release Info

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

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: _____

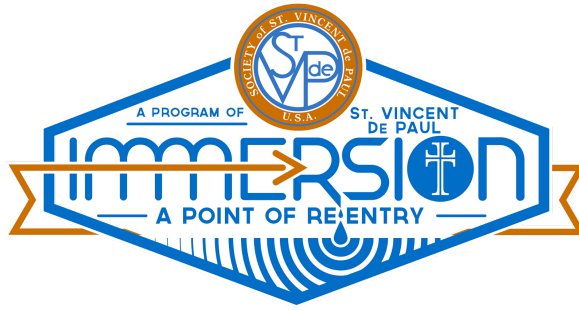
Phone: _____

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: _____

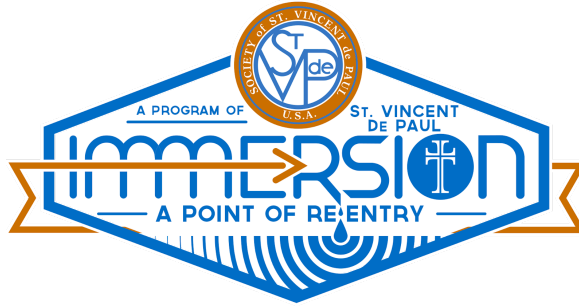
Transportation Status/Options/Challenges

Authorization/Certification

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

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)
