



Full name _____

Phone _____

Email _____

Address _____

Are you homeless _____

Do you have a vehicle _____

What is your anticipated move in date _____

Do you smoke Marijuana or Tobacco or both _____

Are you currently employed? If so, where do you work and how long have you worked there

Do you get SSI, SSDI, SSA or VA benefits? If so, how much do you get per month _____

Do u you get food stamp? How much each month _____

Do you have misdemeanors or felonies which prevent you from obtaining housing or employment

Do you have a case worker? If so, what is their contact information _____

Emergency Contact _____

Do you have a substance abuse disorder? If so, are you currently in treatment _____

Do you have a probation/parole officer? If so what is their contact information

Do you have mental health issues _____ Please list your diagnosis and your medication
