PSHA INTAKE/ASSESSMENT FORM

DEMOGRAPHICS

Person completing this form: _____ Date: _____

1. Last Name: _____ First Name: _____ MI: ____
2. Phone: _____, Email: _____
3. Date of Birth: _____
4. What is your preferred way of being contacted? _____
5. Is there anyone we can contact if we are unable to reach you by the above methods or in an emergency:
   Emergency Contact information:

   Name _____

   Phone/Email _____

   Relationship_____

   Release signed: ☐ Yes ☐ No
6. What other strategies to find you would you suggest?
7. Social Security Number: _____

8. What gender do you identify as? _____

9. What pronouns do you prefer? _____

9. What race and ethnicity do you identify as? _____

10. What is your preferred language? _____ Secondary language (if applicable) _____

11. Do you need help obtaining any of the following:

☐ ID Card,

☐Driver's License,

☐Birth Certificate,

☐Social Security Card,

☐Any other form of identification?
If yes, which one (s)? _____
(service provider should retain copies of all documentation)

12. Have you ever experienced domestic violence or intimate partner violence? ☐ Yes ☐ No

a. If you are currently experiencing domestic violence, do you need any resources for domestic violence? ☐ Yes ☐ No
    i. If yes, any information that would be helpful in connecting to resources:
    _____
    _____

13. Is anyone in the household a Veteran, (anyone who has been on active military duty)? ☐ Yes ☐ No

_____
_____

14. Do you need support obtaining their DD2-14? ☐ Yes ☐ No

_____
_____

15. Do you receive any benefits through the VA? ☐ Yes ☐ No (complete income section)
16. If no and a veteran, do you wish to apply for benefits? ☐ Yes ☐ No

PERSONAL INFORMATION

17. How do you like to spend your free time? (prompts hobbies, places you visit in the community, recreational activities)

_____
_____
_____

18. What do you identify as your strengths?

_____
_____
_____

19. Outside of service providers, who are your primary supports?

_____
_____
_____

FAMILY

20. Household Information

Name	Relationship to HOH	Social Security Number	Gender	Date of Birth	Current Identification
					☐Birth Certificate ☐Social Security Card ☐Identification
					☐Birth Certificate ☐Social Security Card ☐Identification
					☐Birth Certificate ☐Social Security Card ☐Identification

21. Are there any anticipated changes in who will be living/lives with you expected in the next 12 months? (i.e. expected birth, adult children moving out, caregiver changes, etc.) ☐ Yes ☐ No

22. Are there any people in your support network that aren't your household that you would like us to know about?_____

HOUSING PREFERENCES

23. Tell us about where you prefer to live (i.e. what housing type, any specific location, region or community).

_____
_____
_____

24. Is there any where we should avoid when searching for housing?

_____

_____
_____

25. Are there any considerations/things it would be necessary to know when looking for housing options? [prompted as needed around pets, proximity to healthcare providers, location of support, resources (food banks, church etc.)]

_____
_____
_____
_____

26. What type of transportation do you use to get from place to place?

_____
_____
_____

27. What, if any, support or resource assistance would you need to move into a place of your own? (Prompts security deposits, connection to furnishing, accommodations to increase accessibility etc.)

_____
_____
_____

28. Have you ever been arrested? ☐ Yes ☐ No

a. If yes, is there anything on the criminal record that would make it more challenging to obtain housing? ☐ Yes ☐ No
   _____
   _____
b. Would you like assistance with a letter of explanation? If yes, is there anything on the criminal record that would make it more challenging to obtain housing? ☐ Yes ☐ No
c. Would you like a referral for legal assistance? ☐ Yes ☐ No

HOUSING HISTORY

29. Tell me about the most recent place(s) that you have lived (usually going back 5 years).

_____
_____
_____

30. What did you like and not like about it?

_____
_____
_____

31. How long did you live there and why did you leave?

_____
_____
_____

32. Have you ever been evicted or kicked out of a place you were living/on the lease ☐ Yes ☐ No

_____
_____
_____

33. Is there anything that made it difficult for you to stay in housing previously? ☐ Yes ☐ No

_____
_____
_____

34. If we need to contact someone to verify where you last lived, who would we contact? (ex: landlord, shelter provider, outreach provider)

Name	Contact Information	Relationship

35. Have received a voucher/rental subsidy in the past? ☐ Yes ☐ No

a. What happened to the subsidy?

FINANCES

36. What are your sources of income? Complete all that apply.

Source/Contact	Household Member #1	Household Member #2
EMPLOYMENT Source: _____	$_____/Month Please include Over Time, Bonus, Tips, Commission and or any increases you anticipate within 12 months of moving in.	$_____/Month Please include Over Time, Bonus, Tips, Commission and or any increases you anticipate within 12 months of moving in
RETIREMENT OR PENSIONS Source:_____	$_____/Month	$_____/Month
SOCIAL SECURITY Source (SSI or SSDI) _____	$_____/Month	$_____/Month
TANF	$_____/Month	$_____/Month

DISABILITY / SSI	$_____/Month	$_____/Month
CHILD SUPPORT	$_____/Month	$_____/Month
UNEMPLOYMENT	$_____/Month	$_____/Month
VETERAN BENEFITS	$_____/Month	$_____/Month
OTHER INCOME: Source: _____	$_____/Month	$_____/Month
OTHER INCOME: Source: _____	$_____/Month	$_____/Month
	❑ **I have no source of income**	❑ **I have no source of income**

37. Do you own anyone (banks, landlords, utility companies etc.) money for anything? Yes ☐ No

_____

_____

a. If yes, how much?

38. Does anyone else help you manage your money (e.g. payee, family member, agency etc.)? ☐ Yes ☐ No

_____
_____

EMPLOYMENT AND EDUCATION

39. Are you and/or other adults in the household currently employed, either part-time or full-time? ☐ Yes ☐ No

a. If yes, where:_____

b. If not, do you wish to be employed, either now or in the future? ☐ Yes ☐ No

_____
_____
_____

i. If yes, what area of employment do you wish to work?

_____

c. What support would you need to obtain employment in your desired occupation? (i.e., training, education, resume, interview supports, certifications, etc.)

_____

40. What is your highest level of education?

a. Are there educational opportunities you would like to pursue?_____

b. If yes what?_____

HEALTHCARE

41. Do you have any physical or mental health conditions? (i.e. mobility, hearing, vision, cognitive impairments, depression, bipolar disorder, schizophrenia etc.) ? ☐ Yes ☐ No

a. If yes, please tell us what conditions and do you have any providers supporting you with those conditions: (Complete the chart below)

Diagnosis	When were you diagnosed	Symptoms that may impact housing)	Any Provider Supporting	Any Medications/Treatment	Any Accommodation needed for housing?	Anything else you want us to know

42. Do you require any assistive devices not covered previously (e.g., wheelchair, hearing aid, oxygen)? ☐ Yes ☐ No

43. Are you currently use any substances, including alcohol, prescription, or illicit drugs? ☐ Yes ☐ No
   a. If yes, what substances(s) and how often?

44. Have you ever received treatment for substance use in the past? ☐ Yes ☐ No
   a. If yes, when? _____

45. Do I have a history of psychiatric hospitalization? ☐ Yes ☐ No
   a. If yes, when was the last hospitalization? _____

46. What treatments or therapies have worked best for you for behavioral health treatment (mental health and substance use)
_____
_____

47. Do you have any standing/regular health care appointments? Yes ☐ No
   a. If yes and you want support with those, please list here: _____