

Date of Intake: \_\_\_\_/\_\_\_\_/\_\_\_\_

RWA Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity:

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply):  Mail  Phone  E-mail

Confidential messages may be left in the following method(s) (check all that apply):  Mail  Phone  E-mail

**Housing Status Information**

What is the client's current living situation?

Does the client access utility assistance, e.g. HEAP, PIPP?

If YES: What utility assistance does the client receive? \_\_\_\_\_

**Vocational Information**

What is the client's highest level of education completed?

Is the client currently: Enrolled in school

Enrolled in job training

Employed

Seeking employment

Retired

If the client is employed, average number of hours worked/week: \_\_\_\_\_

**Requested Service Information**

What service assistance does the client need? (check all that apply)

Rent

Utility

Application Fee

Moving Expense

Housing Case Management

**Community Resource Assistance Information**

Based upon information documented by the referral source on the Housing Referral Form, have community resources been exhausted enabling Equitas Health to be the payer of last resort?

*If NO: Equitas Health is responsible for assisting the client with obtaining financial assistance prior to providing financial assistance, if financial assistance is requested.*

**Client Agreement**

I \_\_\_\_\_ agree that all of the information documented above is accurate and true.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_