

## The Lake County Haven

Full Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Current Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Family information

Marital Status: Single Married Separated Divorced Widowed

If married, spouse's name: \_\_\_\_\_

Spouse's address: \_\_\_\_\_

Are you romantically involved at this time? Y N If yes, for how long? \_\_\_\_\_

Names of children: Age: Sex: Living with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children will be coming with you? \_\_\_\_\_

### Education & employment

Highest level of school completed: 6 7 8 9 10 11 12 13 14 15 16

High School Diploma? Y N GED? Y N

Current or previous employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Wages: \_\_\_\_\_

Other types of work in which you have experience or training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Health information

Your current health: \_\_\_\_\_

\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your children's current health: \_\_\_\_\_  
\_\_\_\_\_

Name of Children's Physician: \_\_\_\_\_ Telephone \_\_\_\_\_

Have you or your children ever been diagnosed with a learning or developmental disability? Y N  
If yes, who and which disability? \_\_\_\_\_

Are you pregnant at this time? No \_\_\_\_\_ If yes, due date: \_\_\_\_\_

Date and results of your last HIV test: \_\_\_\_\_

List any medicine (prescription and over the counter) you are taking and how often you take it:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Have you ever experienced any emotional, physical, or sexual abuse? Y N  
If yes, have you ever received counseling and where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time you had something alcoholic to drink? \_\_\_\_\_

How much do you drink at one time? \_\_\_\_\_

How many times did you drink last month? \_\_\_\_\_

Is there a history of alcoholism in your family? Y N

Has your drinking *ever* caused any problems for you? Y N

Have you *ever* been arrested for any alcohol related driving offense? Y N

Have you *ever* been in an alcohol treatment program? Y N

Have you *ever* used recreational drugs? Y N

Have you *ever* injected drugs intravenously? Y N

When was the last time you used drugs? \_\_\_\_\_

Have you ever been in a drug treatment program? Y N If yes, when & where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you *ever* received treatment for an emotional problem or mental disorder? Y N

If yes, what was the diagnosis? \_\_\_\_\_

Mental health care provider: \_\_\_\_\_

Have you *ever* been prescribed mood altering or psychiatric medication? Y N

If yes, what medication? \_\_\_\_\_ Dates of taking medication: \_\_\_\_\_

What is the number of mental health care providers you have seen in your entire life? \_\_\_\_\_

Have you *ever* been hospitalized due to an emotional or mental problem? Y N

If yes, where and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other affiliations**

Are you currently in contact with and/or receiving support from other agencies? For each agency, please list your case worker.

Public Aid \_\_\_\_\_  
Housing Authority \_\_\_\_\_  
Public Health \_\_\_\_\_  
WIC \_\_\_\_\_  
Family Service \_\_\_\_\_  
Other Agencies \_\_\_\_\_  
Other Agencies \_\_\_\_\_

Current or previous arrests/legal difficulties? Y N If yes, where and when? \_\_\_\_\_

What type? \_\_\_\_\_ Dates \_\_\_\_\_

Is there currently a warrant out for your arrest? Y N

**Financial information**

List amounts of income from all sources:

Employment \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Public Aid \_\_\_\_\_  
Alimony \_\_\_\_\_  
SSI or SSDI \_\_\_\_\_  
Child Support \_\_\_\_\_  
WIC \_\_\_\_\_  
Family \_\_\_\_\_  
Link Card \_\_\_\_\_  
Other \_\_\_\_\_

List all current expenses and debts.

Car \_\_\_\_\_  
Car Insurance \_\_\_\_\_  
Transportation \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Child Care \_\_\_\_\_  
Legal Fees \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Utilities \_\_\_\_\_  
Fines \_\_\_\_\_  
Other \_\_\_\_\_

**Housing information**

Current or previous group living experience? Y N If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If currently in group living, what is your release date? \_\_\_\_\_

Reason for needing shelter at this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the choice that best describes the place you stayed last night:

- |                           |   |
|---------------------------|---|
| Car                       | Relatives                                   |
| Streets/park              | Transitional housing                        |
| Hotel/motel               | Abandoned building                          |
| Vouchered motel room      | Owned house                                 |
| Shelter                   | Shared house or apartment                   |
| Battered women's shelter  | Psychiatric facility                        |
| Friends                   | Jail/prison                                 |
| Hospital                  | Substance abuse treatment or detox facility |
| Rented house or apartment | Other _____                                 |

Address where stayed last night \_\_\_\_\_

How long at this address \_\_\_\_\_ Days \_\_\_\_\_ Months

Address where you stayed directly before that \_\_\_\_\_

How long at this address \_\_\_\_\_ Days \_\_\_\_\_ Months

Address where you stayed directly before that \_\_\_\_\_

How long at this address \_\_\_\_\_ Days \_\_\_\_\_ Months

How long homeless \_\_\_\_\_ Months Number of times homeless before \_\_\_\_\_

Where first became homeless \_\_\_\_\_ State \_\_\_\_\_

Last permanent address \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**Narrative and closing**

Plans for the future, including housing:

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Additional information you would like us to consider in evaluating your need for shelter:

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Attest of information:

I attest that all the information I have provided in this intake and application process is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of information could result in my being denied acceptance into or expelled from transitional housing.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_