

## CoHO Hope Shelter Application Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone # (if available): \_\_\_\_\_

How did you find out about us?

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How long have you been without a permanent place of residence? \_\_\_\_\_

What caused you to not have a permanent place of residence?

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Question	Yes	No	Notes
Do you have a permanent place of residence? If no, please explain.			
Are you employed? If yes, where?			
Do you have any family members with permanent residence in Conway? If no, where is your closest family member located?			
Are you a registered sex offender?			
Are you a veteran?			
Would you be willing to submit to a drug screening today?			
Do you have any health concerns? (please indicate specifically)			
Do you have any mental health concerns? (please indicate specifically)			
Are you on any medications? If yes, please list them.			
Are you a convicted felon? Please explain.			
Do you have any outstanding warrants?			
Do you struggle with drug use currently? If yes, what drug?			
Do you struggle with alcohol abuse currently?			
Have you struggled with drug or alcohol abuse in the past? If yes, how long have you been clean?			
Do you have a history of violence? If yes, please explain.			
Do you receive Supplemental Nutrition Assistance (S.N.A.P./Food Stamps)?			
Do you receive Supplemental Security Income (S.S.I.)?			
Do you have a High School Diploma or G.E.D.?			

<b>Accepted:</b>		<b>Rejected (Explain):</b>	
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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_