



Jennifer Brown
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Client Intake Information

Name: _____
Date: _____
E-mail: _____

Agency that works with you:

Birth Date: _____
Age: _____
Vet:
Phone: _____
Email: _____
ID Card:
SS card:

Income

Working:
DOC Housing Voucher
SSI:
SSDI:
Other:

Healthcare

Medicaid:
State Health:
Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present and do you receive services? Where?:

Housing history

Times you lost housing and why:

Debt or LFOs: _____

Anything else: _____

Incarceration or Arrest history

Any charges pending:

Charge _____
County _____
Status _____

Charge _____
County _____
Status _____

DOC Number _____

Are you working with any other organization or case managers are they helping with resources?

Work history

Are you working or looking for work? Type?

Do you plan on attending school or training and what type of education? _____

