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Client Intake Information Name:_____ Date:_____ Agency that works with you: Birth Date: _____ Age: _____ Vet: □ Phone:_____ Email:_____ ID Card: 🗆 SS card: \square Income Working: □ **DOC** Housing Voucher \Box 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?		



Emergency Contacts/Family or friends

1.	Name:
	Relation:
	Address:
	Phone number:
2.	Name:
	Relation:
	Address:
	Phone number:
С	ounselor
S	ignature
	esident
	gnature
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What should we know about you to assist you? Please feel free to write in comments.

Comments.		
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