



Calman's House Application

Client Intake Information

Date: _____
Name: _____
E-Mail: _____
Phone #: _____
Birth Date: _____
Age: _____
Agency that working with you: _____

CHECK ALL THAT APPLY

Veteran:
ID Card:
SS Card:

Income

Working:
DOC Housing Voucher:
HARP Voucher:
SSI:
SSDI:
Other:
Type: _____

Healthcare

Medicaid:
State Health:
Other:
Type: _____

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?

What should we know about you to assist you? _____

Housing History

Times you lost housing and why:

Debt or LFO's: _____

Children & Ages: _____

Incarceration or Arrest History

Pending Charges: _____

County: _____

States: _____

Past Charges: _____

Charge(s): _____

County: _____

Status: _____

DOC: _____

Are you working with any other organizations or a case manager that helping with resources? _____

Work History

Are you working or looking for work? Type? _____

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



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Emergency Contacts

1. Name: _____
Relation: _____
2. Address: _____

Phone #: _____
3. Name: _____
Relation: _____
Address: _____

Phone #: _____

Applicant's Signature

Name: _____
Date: _____

Resident's Signature (if different than above)

Name: _____
Date: _____

Comments
