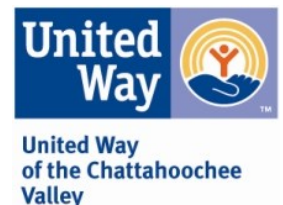


Things to know about your housing intake

- **If you do not want to or cannot fill out the attached form, you may call 2-1-1 or 706-405-4775 and a call agent will assist you.**
- Answering yes or no to any question, or refusing to answer any question, does not automatically qualify or disqualify you for services; however, answering completely helps us identify the best program for your needs.
- The information you provide will be shared with agencies that may be able to help. Why is it important that we share this information?
 - To better assess your needs and the needs of others in your community, as well as what services are available to you.
 - To track whether your needs, and the needs of others in your community, were actually met.
 - To improve the quality of care and service for homeless individuals and families.
- **Completing this form is not a promise or guarantee of future housing.**
- What are the next steps?
 - Your intake will be assessed by close of business the following business day and sent to program(s) that may be able to assist you with your housing needs.
 - If you have provided a cell phone number, please make sure the voicemail is set up so we can leave messages for you if we can't reach you
 - You should be contacted by an agency representative by the close of business on the 3rd business day.
 - **If you have not been contacted by an agency by the close of business on the 5th business day, please call 2-1-1 or 706-405-4775.**
 - **Please keep this cover sheet for your records**

Date of Intake: ____/____/____ 3rd Business Day: ____/____/____ 5th Business Day: ____/____/____

(Calls will not be returned on weekends or holidays)



FULL NAME: _____ Gender: Female____ Male____

DATE OF BIRTH ____/____/____ LAST FOUR OF SSN **_*** _____

CONTACT NUMBER: (____) ____-____ EMAIL: _____

What's the best time of day to contact you? MORNING_____ AFTERNOON_____

If we can't contact you by phone, where's the best place to find you?

Answering YES or NO or refusing to answer any of the following questions neither automatically qualifies nor disqualifies you for a program; it simply helps us identify the best program to meet your needs.

1. Where did you sleep last night?

2. Have you (and/or your spouse) ever served in the Military (Active Duty, Guard or Reserves)?
YES _____ NO _____

- If so, are you eligible for VA Benefits? YES _____ NO _____ NOT SURE _____

3. Are you a CURRENT victim of Domestic Violence? YES _____ NO _____

4. Is this your first experience with homelessness? YES _____ NO _____

5. How long have you been homeless THIS TIME? _____

6. How many times have you been homeless in the past 3 years? _____

- How many months total in the past 3 years have you been homeless? _____

7. Do you have a source of income? YES _____ NO _____

- If yes, what is your approximate income \$ _____ per MONTH

8. Do you have a mental or physical disability or illness? YES _____ NO _____

9. Do you have now or ever had a substance abuse issue? YES _____ NO _____

- If Yes, do you have an active substance abuse issue? YES _____ NO _____

10. Do you have a spouse/partner or other family members with you? YES _____ NO _____

- If Yes, how many family members are with you? _____

- How many are under the age of 18? _____

11. Do you currently have Health Insurance? YES _____ NO _____

12. What is your employment status?

- Disabled _____
- Employed Full Time _____ Part Time _____ Temp/Day Labor _____
- Unemployed _____
- Student (employed) _____ Student (unemployed) _____
- Maternity Leave _____
- Retired _____
- Self-employed _____

13. Do you receive any type of assistance? **Circle as many as apply**

Child Support Food Stamps Foster Care Supplement General Assistance
 Medicaid Medicare Peachcare Pension Retirement Section 8
 Social Security/SSI/SSDI TANF Unemployment Veteran's Benefits
 WIC Worker's Compensation None Other: _____

14. Is there any additional information you would like to provide? _____

By signing below, I give my permission for this information to be shared with agencies that may be able to assist me in locating and obtaining transitional and/or permanent housing.

Signature _____
Date

FOR AGENCY USE ONLY	
Please email or fax to:	cpoole@unitedwayofthecv.org FAX 706-571-2271
Agency Completing Intake	_____
Agency Phone Number	_____-_____-_____
Intake Date	____/____/____ Intake completed by: _____
Shelter or other Diversion resources were provided to the client Yes _____ No _____	
ClientTrack ID# (if known) _____	
211 Client ID _____	211 Contact # _____ Sent to CES ____/____/____