

# LENITY HOUSE EMERGENCY HOUSING INTAKE FORM

## PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

CORIS#: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer phone #: \_\_\_\_\_

Is this your first time in our program? Yes ☐ No ☐ If yes, when were you here? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## MENTAL HEALTH ISSUES:

Do you take medications for mental health issues? If yes, please list them? \_\_\_\_\_

\_\_\_\_\_

## MEDICAL ISSUES:

List current medical conditions and medications if any: \_\_\_\_\_

IDENTIFY ANY SPECIAL NEEDS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PROBATION AND PAROLE INFORMATION

Parole/Parole Officer: \_\_\_\_\_

Probation District #: \_\_\_\_\_

Office #: \_\_\_\_\_

Work Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

