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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

HARP Funding

SSI:

SSDI:

Other:

Healthcare

Medicaid:

State Health:

Other:

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

Housing history

Times you lost housing and why:

Debt or LFOs: _____

Children and ages: _____

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? _____

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

What should we know about you to assist you? Please feel free to write in comments.

Resident
Signature _____

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

2. Name: _____

Relation: _____

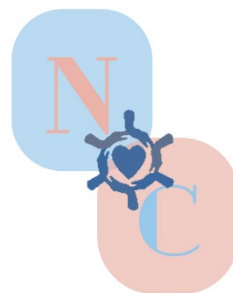
Address: _____

Phone number: _____

Comments.

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

Counselor
Signature _____
Emergency Contacts/Family or friends



NICHOLAS & CECILIA'S
HOUSE OF HOPE
FOUNDATION