

CLIENT INTAKE FORM

— MICKEY'S HOUSE FOUNDATION



Mickey's House Foundation®

CLIENT'S INFORMATION

Name :

Driver License : Yes No Car: Yes No Gender: Male Female

Today's Date : Age : Date Of Birth :
D D M M Y Y

Phone : Are you a Vet : Yes No

Email :

Children & Ages :

Status : Single Married Divorce Other

Agency that works with you :

Religion :

Identification : DL License SS Card ID Card

Income : Working DOC Housing Voucher HARP Funding

SSI SSDI Other

Healthcare : Medicaid State Health Other

Any Mental Health services or medications in the past or present? Please list here with dosage:

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Any Chemical Dependency, past or present, and do you receive services? If so, where?

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HOUSING HISTORY

Times you lost housing and why :

Debt or LFOs :

INCARCERATION OR ARREST HISTORY

Any Charges Pending : Yes No

Charge :

County :

Status :

Charge :

County :

Status :

DOC Number :

Are you working with any other organization or case managers? Are they helping with resources?

Extra space for any explanations or added comments from above:

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WORK HISTORY

Are you working or looking for work? What type?

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

EMERGENCY CONTACTS/FAMILY/FRIENDS

Name/Relation :

Address :

Phone/email :

Name/Relation :

Address :

Phone/email :

ABOUT YOU

What should we know about you to assist you better?



Counselor Signature

Resident Signature