CLIENT INTAKE FORM

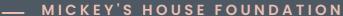
— MICKEY'S HOUSE FOUNDATION



CLIENT'S INFORMATION

Driver License : Yes No Car: Yes No Gender: Male Today's Date : Age : Date Of Birth : D D M M Phone : Are you a Vet : Yes	Female Y Y No					
Phone : Are you a Vet : Yes						
	No					
Empil						
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:						
Any Chemical Dependency, past or present, and do you receive services? If so, where?						

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HOUSING HISTORY

Times you lost h	ousing and why:	
Debt or LFOs :		
INCARC	ERATION OR ARREST HISTORY	
Any Charges Per	nding: Yes No	
Charge		
County		
Status		
Charge		
County		
Status		
DOC Number		
Are you working	g with any other organization or case managers? Are they helping with re	sources?
Extra space for a	any explanations or added comments from above:	

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OUR "PET FRIENDLY" SECTION If No, please skip the next section. Go to "no pet" section. Do you have a Pet: Yes No IF YOU HAVE A PET... FILL OUT THIS PET SECTION Is your pet a Service Animal **Emotional Support Animal Just a loving Pet** We love big dogs but some of our HOAs Dog: Cat: Breed, size, weight: don't. Fixed: Yes Name: No Sex: **Adoption Date:** Are they Friendly towards other animals: Yes No Tell us the story of you and your pet: Please note that our Rules are much stricter for Pet Owners. You are going to be cleaning daily. IF YOU HAVE NO PET... FILL OUT THIS "NO PET" SECTION If No, would you like to live in a house with Pets? Yes No worries. We have no pet homes, too. No If yes, do you like Cats: Dogs: Would you want to ROOM with them: Yes **Room for comments:**

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WORK HISTORY

Are you working	ng or looking for work? What type?	
Do you plan on a	attending school or training and what type of education ar	e you seeking?
_		
EMERG	GENCY CONTACTS/FAMILY/FRIENDS	
Name/Relation	n :	
Address		
Phone/email		
Name/Relation		
Address		
Phone/email		
ABOUT	YOU	
What should we	re know about you to assist you better?	
Counselor Signo	nature Resident	Signature