

# HOME & HOPE

INTERFAITH AND COMMUNITY  
SUPPORT FOR HOMELESS FAMILIES

Fax 650-652-1105 Phone 650-652-1100 www.HomeAndHope.net

Referring Agency \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

ADULT 1: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_ Phone: \_\_\_\_\_

ADULT 2: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_ Phone: \_\_\_\_\_

CHILD 1: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

CHILD 2: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

CHILD 3: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

CHILD 4: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

CHILD 5: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

CHILD 6: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ ENG: Y N RACE/ETH: \_\_\_\_\_

If not in household, parent(s) of children: \_\_\_\_\_ Location: \_\_\_\_\_

Notes on visitation/contact: \_\_\_\_\_

## A. HOUSING

1. Where did family sleep last night? \_\_\_\_\_

Address: \_\_\_\_\_

2. Last Residence (type of housing): \_\_\_\_\_ Address: \_\_\_\_\_

3. Length of homelessness: *number of* Days: \_\_\_\_\_ Weeks: \_\_\_\_\_ Months: \_\_\_\_\_

If not homeless yet, date will become homeless: \_\_\_\_\_

4. First time homeless: YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please describe (circumstance, date, place): \_\_\_\_\_

5. Reasons for homelessness: \_\_\_\_\_

6. Have you ever been in an abusive situation? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you leaving an abusive situation?: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to either question, please describe (circumstance, date, place): \_\_\_\_\_

Worst incident (dates, description): \_\_\_\_\_

Last incident (dates, description): \_\_\_\_\_

Is there any contact with batterer? \_\_\_\_\_ Date of last contact: \_\_\_\_\_

Where does batterer live? \_\_\_\_\_

Note: If a safe house (unpublished address) is needed, this is not an appropriate referral.

7. Have you ever stayed at a Shelter Network program? \_\_\_\_\_ Which one? \_\_\_\_\_

8. Have you ever been referred to a Shelter Network program? \_\_\_\_\_ Which one? \_\_\_\_\_

## B. INCOME & EMPLOYMENT

1. Income source(s): \_\_\_\_\_ Amount: \_\_\_\_\_

2. Most recent job: Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

3. How long ago?: Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

4. How long did you work in that job?: Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

5. Reason for job ending: Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

## C. MENTAL HEALTH HISTORY (Specify Adult 1 or 2 or Child 1-6 when answering questions.)

1. Has any family member been hospitalized for mental health reasons?

Adult/Child \_\_\_\_\_

Adult/Child \_\_\_\_\_

If so, when and what were the circumstances/diagnosis? \_\_\_\_\_

2. Medications currently used: Adult/Child \_\_\_\_\_ Adult/Child \_\_\_\_\_

**D. HEALTH HISTORY** (Specify Adult 1 or 2 or Child 1-6 when answering questions.)

1. Does any family member have seizures? YES\_\_\_ NO\_\_\_  
If yes, list family member(s) and explain \_\_\_\_\_
2. Does any family member regularly take medications? YES\_\_\_ NO\_\_\_  
If yes, list family member(s) and medications taken \_\_\_\_\_
3. Does any family member have any health problems that could affect other people or their own participation in the program?  
List member(s) and specific health problems \_\_\_\_\_

**E. SUBSTANCE ABUSE** (Specify Adult 1 or 2 or Child 1-6 when answering questions.)

1. When was the last time any family member used alcohol or drugs? List member(s) and date: \_\_\_\_\_
2. Describe use of drugs and or alcohol (frequency, amounts): \_\_\_\_\_
3. Describe present use of drugs (frequency, amounts): \_\_\_\_\_
4. Has any family member's use of drug/alcohol ever caused negative consequences such as losing a job or housing, or being hospitalized? \_\_\_\_\_
5. Is any family member currently in a drug or alcohol treatment program? \_\_\_\_\_
6. If not in treatment, are they interested in obtaining treatment if assessed as necessary by Shelter Network staff? \_\_\_\_\_

**F. LEGAL HISTORY** (Specify Adult 1 or 2 or Child 1-6 when answering questions.)

1. Has any family member ever been arrested? \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_
2. For what? \_\_\_\_\_  
Was family member convicted? \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_  
Was it a felony or misdemeanor? \_\_\_\_\_  
What was the sentence? \_\_\_\_\_
3. Do any family members have outstanding warrants?  
Where? \_\_\_\_\_ Date: \_\_\_\_\_ For what? \_\_\_\_\_
4. Are any family members currently on probation? \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_  
Are any family members currently on parole? \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_  
Name of probation officer or parole officer: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Have any family members ever been the victims of a violent crime? \_\_\_\_\_ Date: \_\_\_\_\_  
Please give a brief description of the crime: \_\_\_\_\_

**G. PRIORITY CONSIDERATIONS**

\_\_\_\_\_ pregnant (# of mos.: \_\_\_\_\_)  
\_\_\_\_\_ infant in the family (how old? \_\_\_\_\_)  
\_\_\_\_\_ sleeping on street or in vehicle  
\_\_\_\_\_ medical risk (describe: \_\_\_\_\_)

**H. ADDITIONAL COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by Home & Hope staff:

1. Staff completing form: \_\_\_\_\_
2. Action Taken: Wait list: \_\_\_\_\_ Site: \_\_\_\_\_ Date and time of intake: \_\_\_\_\_  
Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_
3. Parole Verification: \_\_\_\_\_
4. Staff comments: \_\_\_\_\_
5. **Notes:** Please ask client to bring picture ID, proof of income & documents regarding housing status & legal history (eviction notice, motel voucher, copies of TRO's, probation documents, etc.) to appointment. All members of household should attend appointment.