INTAKE APPLICATION

REFERRED By: _____

PHONE: _____

REFERRAL DATE: _____

PERSONAL INFORMATION

- Name: _____
- Date of Birth: _____ Gender _____
- Contact Information _____

MILITARY SERVICE INFORMATION

- Branch of Service _____
- Datr of Service _____
- Type of Discharge _____
- If discharged within the last 12 months, provide a copy of your DD-214 _____

HOUSING INFORMATION

- Are you currently homeless? If yes, how long have you been homeless _____
- Do you have any pets? If yes, please describe: _____
- Do you have any physical disabilities or health conditions that may require special accommodations? _____

EMPLOYMENT INFORMATION

- Are you currently employed? If yes, please provide employer name and contact information: _____
- Are you receiving any disability benefits or other forms of income? If yes, please describe: _____

REFERENCES

Please provide two references who can attest to your character and circumstances. Include their names, phone numbers, email address and relationship to you.

- _____
- _____

DECLARATION AND SIGNATURE

By signing this application, I declare that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of services or termination from the program.

_____ _____

(SIGNATURE) **(DATE)**