ASCENDING COMMUNITY HOUSE

Client Intake Form

Confidential — For Program Use Only

Date of Intake	Client ID #	Intake Staff
_____	_____	_____

1. PERSONAL INFORMATION

Full Legal Name: _____

Preferred Name / Goes By: _____

Date of Birth: _____

Social Security # (last 4): _____

Gender: _____

Pronouns: _____

Phone Number: _____

Alternate Phone: _____

Email Address: _____

Current Mailing Address: _____

City: _____

State / ZIP: _____

Current Living Situation:

☐ Homeless / Unsheltered ☐ Shelter ☐ Incarcerated / Reentry ☐ Temporary / Doubled-up

☐ Renting ☐ Own Home ☐ Other: _____

2. EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

3. REFERRAL INFORMATION

How did you hear about Ascending Community House?

☐ Self ☐ Family / Friend ☐ Case Manager ☐ Correctional Facility

☐ Court / Probation ☐ Faith Community ☐ Other Agency ☐ Other: _____

Referring Person / Agency: _____

Contact Person: _____

Phone Number: _____

4. PROGRAM / SERVICES REQUESTED

☐ Transitional Housing ☐ Reentry Support ☐ Case Management

☐ Employment Support ☐ Life Skills ☐ Other: _____

Reason for seeking services (briefly describe your current situation and needs):

_____

_____

5. HOUSEHOLD & DEPENDENTS

Marital Status: _____

# of Dependents: _____

List any dependents/children who may reside with you:

Name	Age	Relationship

6. INCOME & BENEFITS

Are you currently employed?

☐ Yes — Full Time ☐ Yes — Part Time ☐ No ☐ Seeking Employment

Employer (if applicable): _____

Monthly Income: _____

Source of Income: _____

Do you currently receive any of the following? (check all that apply)

☐ SNAP / Food Stamps ☐ SSI / SSDI ☐ TANF ☐ Medicaid / Medicare

☐ Unemployment ☐ Veterans Benefits ☐ None ☐ Other: _____

7. HEALTH & WELLNESS

This information helps us provide appropriate support and is kept confidential.

Do you have any medical conditions we should be aware of?

☐ No ☐ Yes (please describe below)

_____

Do you have current health insurance?

☐ Yes ☐ No

Primary Care Provider (if any): _____

Are you currently receiving mental health or substance-use support?

☐ Yes ☐ No ☐ Prefer not to answer

Do you have any accessibility or accommodation needs?

_____

8. BACKGROUND & REENTRY (IF APPLICABLE)

Are you currently on probation or parole?

☐ Yes ☐ No

Officer Name: _____

Officer Phone: _____

Anticipated Release Date: _____

Facility (if incarcerated): _____

9. GOALS & ASPIRATIONS

What are your short-term goals (next 3–6 months)?

_____

_____

_____

What are your long-term goals?

_____

_____

_____

What kind of support do you feel you need most right now?

_____

_____

10. CONSENT & ACKNOWLEDGMENT

I certify that the information provided in this intake form is true and accurate to the best of my knowledge. I understand that Ascending Community House will use this information to determine my eligibility for services and to develop an appropriate service plan. I authorize the sharing of relevant information among program staff and partnering agencies as needed to coordinate my care. I understand that my information will be kept confidential in accordance with applicable privacy laws.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

FOR OFFICE USE ONLY

Eligibility Determination:

☐ Approved ☐ Pending ☐ Waitlisted ☐ Not Eligible

Assigned Case Manager: _____

Program / Housing Placement: _____

Notes:

_____

_____

_____