

# First Step Back Home

## Client Intake Information Form

- Must present photo ID to motel clerk at time of check-in
- Must have 2 forms of ID to begin job search.

Name: \_\_\_\_\_ Motel: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Card? Minutes Left: \_\_\_\_\_

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

Referred By Whom: \_\_\_\_\_

Reason for Homelessness: \_\_\_\_\_

Alcohol or Drug History/Rehab Info: \_\_\_\_\_

Any Outstanding Tickets: \_\_\_\_\_

Any Criminal Record (Parole Officer Name, Warrants, etc.): \_\_\_\_\_

Names of Dependants and SSN #s: \_\_\_\_\_

\_\_\_\_\_

Financial Status: \_\_\_\_\_ Child Support Responsibilities: \_\_\_\_\_

Other Help Available (Benefits, SSI, etc.): \_\_\_\_\_

Immediate Needs: \_\_\_\_\_ Long Term Needs: \_\_\_\_\_

Food Status: \_\_\_\_\_ Clothing Status: \_\_\_\_\_

Medication Needs: \_\_\_\_\_

Physical Condition: \_\_\_\_\_ Any Handicaps/Disabilities: \_\_\_\_\_  
(over)

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Room Number: \_\_\_\_\_ Daily Rate: \_\_\_\_\_

Check in Date: \_\_\_\_\_ # Nights Authorized: \_\_\_\_\_ Check out Date \_\_\_\_\_

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# Occupants Payment Authorized for: \_\_\_\_\_ (No pets)

Expected Cost and Length of Stay: \_\_\_\_\_

Names of Others in Room: \_\_\_\_\_

Job Search Status: \_\_\_\_\_

Work Status: \_\_\_\_\_

Transportation Status: \_\_\_\_\_

Make and Model of Car: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Clients agree they will be responsible for any stolen or damaged items, all phone calls, both local and long distance, and that First Step Back Home (FSBH) or its affiliates will not be responsible for any of these charges. FSBH will not be liable for any actions of the client.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date of Self-Sufficiency: \_\_\_\_\_

Follow-up after Self-Sufficiency: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_