

This form is designed to help us understand your unique needs and provide the best possible support. We are committed to maintaining confidentiality and respect for all individuals seeking our services. Please complete all applicable sections to the best of your ability.

Personal Information

- First Name: _____
- Last Name: _____
- Preferred Name (if different): _____
- Pronouns: (e.g., He/Him, She/Her, They/Them, etc.) _____
- Date of Birth: _____

Contact Information

- Phone Number: _____
- Email Address: _____
- Preferred Method of Contact: (Please check one)
 - Phone
 - Email
 - Other (specify): _____

Emergency Contact (optional)

- Name: _____
- Relationship to You: _____
- Phone Number: _____

Demographic Information

- Gender Identity: (e.g., Transgender, Nonbinary, Genderqueer, Cisgender, etc.) _____
- Sexual Orientation: (e.g., Lesbian, Gay, Bisexual, Asexual, etc.) _____
- Ethnicity/Race: _____
- Nationality: _____

SHELTER INTAKE FORM

Housing Information

- Are you currently experiencing homelessness?
 - Yes
 - No
 - At risk of homelessness
- Current Living Situation:
 - Street
 - Shelter
 - Temporary Accommodation (e.g., staying with friends/family)
 - Other (please specify): _____
- How long have you been experiencing housing instability or homelessness?

- Reasons for Seeking Shelter:
 - Safety Concerns
 - Financial Hardship
 - Discrimination or Family Rejection
 - Domestic Violence
 - Health Reasons
 - Other (please specify): _____

Health and Wellness

- Do you have any current health conditions, disabilities, or special needs that you would like us to be aware of?
 - Yes
 - No
 - If yes, please specify: _____
- Do you have any mental health concerns or support needs?
 - Yes
 - No
 - If yes, please specify: _____
- Are you currently receiving any form of medical or mental health care?
 - Yes
 - No
 - If yes, please provide details: _____
- Are you currently taking any medications?
 - Yes
 - No
 - If yes, please list: _____

SHELTER INTAKE FORM

Safety and Support Needs

1. Do you have any immediate safety concerns?

- Yes
- No
- If yes, please specify: _____

2. Do you feel comfortable staying in a communal living environment?

- Yes
- No
- Unsure

3. Are there any particular supports or accommodations that would help you feel safer and more comfortable?

- Yes
- No
- If yes, please specify: _____

Additional Information

1. What services or support are you interested in accessing? (Please check all that apply)

- Mental Health Support
- Employment Assistance
- Legal Support
- Substance Use Support
- Health and Wellness Services
- Other (please specify): _____

2. Is there anything else you'd like us to know?

Acknowledgement and Consent

By signing below, you confirm that the information provided is accurate to the best of your knowledge. You also consent to SOCFH and its member shelters using this information to assist with your housing and support needs, while ensuring your privacy is respected.

- Signature: _____
- Date: _____

This form should be adaptable across the SOCFH network and can be modified based on each shelter's specific requirements.