

Triage/Low Demand Shelter Intake Form

Demographics

First Name _____ Last Name _____ MI _____

SSN _____ - _____ - _____ Date of Birth (mm/dd/year) _____

Gender Male Female

Marital Status: Single Separated Married
 Unmarried Couple Widowed Divorced

Race

American Indian or Alaskan Native Asian and White
 American Indian or Alaskan Native and Black/African American Black/ African-American
 American Indian or Alaskan Native and White Black/African American and White
 Asian White
 Other Multi-racial

Ethnicity Hispanic/Latino Non-Hispanic/Non-Latino Veteran Yes No Discharge type

Citizenship Yes No Citizenship Notes _____

Program Entry

Date Entered Triage: _____ Time Entered: _____ Caseworker: _____

Housing Type at Entry:

Domestic Violence Situation Non-Housing(street, park, car, woods)
 Emergency Shelter Psychiatric Facility
 Hospital Rental Housing
 Jail/Prison Substance Abuse Treatment Facility
 Living with Relatives/Friends Transitional Housing for Homeless
 Other(please specify)_____

Length of stay in prior housing:

One week or less One to Three months
 More than a week but less than a month More than 3 months but less than a year
 Year or longer

Homeless Status:

At Risk Homeless
 Chronic Homeless (>5 times) Not Homeless

Disabling Condition: Yes No

Alcohol Abuse HIV/AIDS/ Related Disease
 Developmental Mental Illness
 Domestic Violence Physical
 Drug Abuse Sexual Assault
 Other (specify)_____

Employment at Entry Yes No

Comments: _____

Sub Program

	Date Entered:	Time Entered:	Date Exited:	Caseworker:	Comment:
Triage	_____	_____	_____	_____	_____
Low Demand	_____	_____	_____	_____	_____

Emergency Contact 1

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship to client: _____ Comments: _____

Emergency Contact 2

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship to client: _____ Comments: _____
