



KINSMAN OF NEIGHBORS HOUSING PROGRAM

Client Intake & Membership Application

Web: kinsmanofneighbors.com | Email: kinsmanofneighbors@gmail.com | Phone: (216) 354-1217



Submission Instructions: Please return your completed and signed intake form via email directly to **Jennifer Thomas, Intake Coordinator** at **kinsmanofneighbors@gmail.com**.

1. APPLICANT PERSONAL INFORMATION

Participant Full Name *: _____ Date of Intake *: _____ Date of Birth *: _____
Age *: _____ Phone Number *: _____ Email Address *: _____
Gender *: Male Female Non-binary Prefer not to say
Emergency Contact Name *: _____ Relationship *: _____ Emergency Phone *: _____

2. HOUSING SITUATION & BACKGROUND

Current Living Situation *: Homeless Couch surfing / Staying with others Transitional Housing Jail/Prison Release Hospital/Rehab Other
Referral Source (if applicable): Self Agency Case worker/State official Hospital/Treatment Center Family/Friend
Referring Contact Name: _____ Referring Phone/Email: _____
Brief Summary of Situation / Reason for Housing Need *:

Medical & Mental Health History (List Below) *:

Substance Use History (if any) *: Alcohol Drugs None If yes, explain: _____
Active Case Manager / Supervision Status *: Yes No Cross-Rated (multiple courts/agencies) *: Yes No
Are you a registered sex offender? * Yes No If yes, what Tier? * (1) (2) (3)

3. INCOME, ACCOMMODATION & INDEPENDENT LIVING

Source of Income? * Yes No Other/Details: _____
Are you currently employed? * Yes No Preferred Room Type *: Shared Private (if available)
Disabilities / Accommodations Needed? * Yes No If yes, explain: _____
Can you live independently & manage ADLs without assistance? * Yes No
If No, please explain: _____
Do you have/need a home health provider / outside support? * Yes No Agency Name: _____
Interests & Hobbies *: _____

4. PROGRAM AGREEMENTS & DISCLAIMERS

Independent Housing Scope: I understand that this program provides housing only. I will be responsible for my personal care, medical needs, and daily living tasks. I will not hold the program responsible for services outside the scope of independent housing. * **Initials** *: _____
 Program Preview: I understand that if accepted, I must follow all house rules, expectations, and participate in case management or program-related check-ins. I acknowledge that violating rules may result in a strike or dismissal from the program. *
 Applicant Declaration: I hereby certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in my disqualification or termination of my membership agreement. I further acknowledge that this intake form does not guarantee placement and that my application is subject to review and approval by the Kinsman of Neighbors staff. *

Participant Name *: _____ Participant Signature: _____ Date *: _____

[STAFF USE ONLY]

Staff Name: _____ Signature: _____ Date: _____