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:** _____