Resident Name: ________________________________

Bed Number: ________________ Date: ________________

1. Telephone Screening

2. Room, Bed, and Locker Assigned

3. Admissions Questionnaire

4. Documentation Forms Reviewed and Signed by Resident
   - Last page of Admission Questionnaire
   - Income/ID Affidavit
   - House Principles
   - Resident Grievance Procedure
   - Health Service Consent for Treatment
   - Diet Form
   - Resident Valuables Form
   - Conditions of Residency
   - HMIS Notices and Disclosure
   - Release of Information

5. Medical Papers Collected

6. Medications Collected, Listed, Signed, and Stored

7. Baggage Inspected/Excess Baggage Collected and Stored

8. Medication Sheets Prepared

9. Progress Notes Prepared

10. Proof of Income and Medical Coverage Copied

11. Orientation Period Form Given and Reviewed

12. Vital Signs and Toxicology Screening

13. Clothing/Laundry/ Hygiene Bag Distributed

14. Shower/Shampoo Taken

15. Snack Given

16. Report Intake in Logbook and add to round sheet

Notes: ________________________________
How many shelters has the individual been in the last six months? ______

Have you ever been homeless? ______ How many (total) times? ______

How many episodes of homelessness have you had in the last three years? ______

Since the individual has been homeless, has he/she been a survivor of a violent crime? ______

Has the individual resided in Public Housing during the last twelve months? ______

*Individual does not have to have been the leaseholder*

How long have you been homeless? ______

Has the individual ever been incarcerated? ______

Prior Living Situation:
1. Non-Housing (street, park, car, bus station, etc.) ______
2. Emergency (Overnight) ______
3. Transitional housing for homeless persons ______

***** Only use the options below if they were there for more than 30 days — If it was less than 30 days, please ask where they were living prior to that? *****
4. Second Stage Shelter ______
5. Psychiatric Facility ______
6. Substance Abuse Treatment Facility or Detox ______
7. Hospital (Non Psychiatric) ______
8. Jail/Prison ______

How long did you live at your prior living situation? ______

Prior living situation Community? Zipcode of prior living situation? ______
1. City of Chicago ______
2. Chicago Suburb ______
3. Rest of Illinois ______
4. Out of State ______

Faith Orientation (Optional):
1. Christian ______
   a. Lutheran ______
   b. Baptist ______
   c. Methodist ______
   d. Presbyterian ______
   e. Episcopalian ______
   f. Catholic ______
2. Muslim ______
3. Jewish ______
4. Hindu ______
5. Buddhist ______
6. Non-Denominational ______
7. Other: ________________________

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16. Child Support (Including DCFS Grants)  
17. Alimony / Spousal Support  

Amount of Monthly Income: $  
(Ask new resident on what date of the month they receive their check. Depending on the type of social security, refer to comments in parenthesis to determine which benefit the individual receives)

Income received from any source in the last 30 days?  
Yes  No

Non-Cash Income Sources
1. Veterans Administration  
2. Private Disability Insurance  
3. Food Stamps  
4. Medicaid  
5. Medicare  
6. WIC  
7. TANF  
8. Rental Assistance (Section 8, public housing)

(Ask new resident on what date of the month they receive their check. Depending on the type of social security, refer to comments in parenthesis to determine which benefit the individual receives)

Causes of Homelessness (Please check only ONE option):
1. Loss of Job  
2. Insufficient Income  
3. Mismanagement of Income  
4. Loss of Public Assistance  
5. Natural Disaster/Fire  
6. Eviction  
7. No Affordable Housing  
8. In-transit/Traveling  
9. Condemned/Substandard Housing/Lack of Utilities  
10. Family Dispute  
11. Domestic Violence  
12. Neighborhood Violence/Gang Intimidation  
13. Release from Correctional Institution  
14. Release from Mental Health Facility  
15. Drug Abuse  
16. Alcohol Abuse  
17. Medical Condition/Physical Disability

Emergency Contact Person: ________________________________

Relationship: ________________________________

Address: ________________________________

__________________________________________

Telephone: (_____) ____-______

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