



info@greenstonelivingfoundaton.org
www.greenstonelivingfoundation.org

Client Intake Information

Name: _____
Date: _____
E-mail: _____
Agency that works with you:

Birth Date: _____
Age: _____
Vet:
Phone: _____
Email: _____
ID Card:
SS card:

Income

Working:
DOC Housing Voucher
HARP Funding
SSI:
SSDI:
Other:

Healthcare

Medicaid:
State Health:
Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present and do you receive services? Where?:

Housing history

Times you lost housing and why:

Debt or

LFOs: _____

Children and

ages: _____

Incarceration or Arrest history

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

Are you working with any other organization or case managers, are they helping with resources?

Work history

Are you working or looking for work?

Type? _____



Do you plan on attending school or training and what type of education? _____

What should we know about you to assist you?
Please feel free to write in comments.

Counselor

Signature _____

Emergency Contacts/Family or friends

Resident

Signature _____

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

Comments. _____
