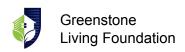


info@greenstonelivingfoundation.org www.greenstonelivingfoundation.org

Client Intake Information	Any Chemical dependency past or present and do you receive services? Where?:
Name:	
Date:	Housing history
E-mail:	
Agency that works with you:	Times you lost housing and why:
Birth Date:	
Age:	
Vet: □	Debt or
Phone:	LFOs:
Email:	Children and
ID Card: 🗆	ages:
SS card: \square	
<u>Income</u>	Incarceration or Arrest history
Working: □	Any charges pending:
DOC Housing Voucher \square	Charge
HARP Funding \square	County
SSI: 🗆	Status
SSDI: □	Charge
Other: \square	County
<u>Healthcare</u>	Status
Medicaid:	DOC Number
State Health: 🗆	Are you working with any other organization or case managers, are they helping with resources?
Other:	
Any Mental Health services or medication in the past or present? Please list.	
	Work history
	Are you working or looking for work? Type?

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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
For a constant of the constant	Signature
<u>Friends</u> 1. Name:	Resident Signature
Relation:	
Address:	
Phone number:	
2. Name:	
Relation:	
Address:	
Phone number:	
Comments.	•
	•
	•

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