Appendix H

HOSPITALITY IN THE NAME OF CHRIST
GUEST INTAKE

First Name_____ **MI** _____ **Last Name**_____ **Suffix** _____

Date of Birth _____ (mm/dd/yyyy) **SS#** _____ - _____ - _____

Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

Gender
☐ Female ☐ Transgender
☐ Male ☐ Unknown

Ethnicity
☐ Hispanic/Latino
☐ Other (Non-Hispanic/Latino)

Primary Race
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Other
☐ Other Multi-racial

Secondary Race (if applicable)
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Other
☐ Other Multi-racial

Do you have a history of any sexual and/or assaultive offenses? Yes ☐ No ☐

Are you required to register as a sex offender? Yes ☐ No ☐

Do you have any allergies? Yes ☐ No ☐ If yes, what? _____

Are you currently being treated for any medical condition? Yes ☐ No ☐

If yes, for what? _____

Are you currently taking any medications? Yes ☐ No ☐ If yes, what? _____

If yes, why? _____

Do you have any open sores or wounds? Yes ☐ No ☐

Do you need immediate medical attention? Yes ☐ No ☐

Do you have medical insurance/coverage? Yes ☐ No ☐

Is Guest Homeless?
☐ Yes ☐ No

Is Guest Chronically Homeless?
☐ Yes ☐ No

Prior Living Situation
☐ Don't Know
☐ Foster care/group home
☐ Other
☐ Refused
☐ Living with Friends
☐ Hospital
☐ Owns House/Apartment
☐ Rental House/Apartment
☐ Living with Family
☐ Place not meant for habitation
☐ Psychiatric Hospital or Facility
☐ Emergency Shelter
☐ Jail, Prison or Juvenile Facility
☐ Domestic Violence Situation
☐ Subsidized Housing
☐ Substance Abuse Treatment Center
☐ Hotel/Motel without emergency shelter
☐ Transitional Housing for Homeless

What do you feel is your primary reason for your current situation?
☐ Substandard Housing
☐ Separation/Divorce
☐ Eviction
☐ Medical Condition
☐ Domestic Violence
☐ Other describe: _____
☐ No Affordable Housing
☐ Physical Disabilities
☐ Alcohol and/or Drug Use
☐ Dispute with Family/Friends
☐ Veteran
☐ Lost Benefits from SSI/SSDI/VA
☐ Lost Public Assistance – DHS/Food Stamps
☐ Mortgage Foreclosure
☐ Unemployment/Loss of Income
☐ Mental Health Condition

Length of Stay at Shelter?

☐ One week or less
☐ More than one week, but less than one month
☐ One to three months
☐ More than three months, but less than one year

Actual or Pending Eviction?

☐ Yes ☐ No

Actual or Pending Foreclosure?

☐ Yes ☐ No

Zip Code of Last Permanent Address _____

Zip data quality ☐ Full Zip Code Recorded ☐ Don't Know ☐ Refused

US Military Veteran

☐ Yes
☐ No
☐ Don't Know
☐ Refused

Do you have a disability of long duration?

☐ Yes
☐ No
☐ Don't Know
☐ Refused

Disability Sub-assessment

☐ Alcohol Abuse	start date_____	end date _____	☐ long term
☐ Developmental	start date_____	end date _____	☐ long term
☐ Drug Abuse	start date_____	end date _____	☐ long term
☐ Physical/Medical	start date_____	end date _____	☐ long term
☐ Mental Illness	start date_____	end date _____	☐ long term
☐ Physical/Mobility Limits	start date_____	end date _____	☐ long term
☐ HIV/AIDS	start date_____	end date _____	☐ long term
☐ Hearing Impaired	start date_____	end date _____	☐ long term
☐ Vision Impaired	start date_____	end date _____	☐ long term
☐ Dual Diagnosis	start date_____	end date _____	☐ long term
☐ Other	start date_____	end date _____	☐ long term

Describe your current income, if any:

☐ Full-time Employment
☐ Day Labor
☐ SDA/DHS
☐ SSI/SSD
☐ Part-time Employment
☐ Unemployment Benefits
☐ No Income
☐ Other, Please Specify:_____

Which of the following best describes your current employment situation?

☐ Day Labor at least 2 days a Week
☐ Looking for Work
☐ Temporary/Seasonal Full-time
☐ Unable to Work
☐ Regular Full-time
☐ Regular Part-time
☐ Supportive Employment
☐ Other:_____

Why do you think you are unable to obtain employment?

☐ Alcohol and/or Drug Use
☐ Learning Disability
☐ Need for job training/skills
☐ Language Barriers
☐ Lack of Transportation
☐ Developmental Disability
☐ Domestic Violence
☐ Chronic Medical Condition
☐ Criminal History
☐ Physical Disability
☐ Severe/Persistent Mental Illness
☐ Other, Please Specify: _____

Emergency:

Who can we contact in case of emergency? (Please Provide Name, Relationship, and Phone Number)

_____

_____