

Homeward Bound Intake Form

CMIS #

VOA welcomes all people of any race, creed, color, national origin, disability, religion, sex, sexual orientation, and gender identity or gender expression.

Client Information

Name: _____
Birthdate: _____ Veteran: Y / N
Social Security #: _____ - _____ - _____
Doesn't Know ☐ Refused ☐

Agency/Staff Information

Agency Affiliation: _____
Staff Name: _____
Staff Job Title: _____
Phone: _____ Email: _____

UNIVERSAL DATA

Ethnicity: ☐ Hispanic/Latinx ☐ Non-Hispanic/Latinx ☐ Doesn't Know ☐ Refused

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Doesn't Know ☐ Refused

American Indian or Alaskan Native: Tribe _____

Gender Identity: ☐ Male ☐ Female ☐ Trans Female (MtoF) ☐ Trans Male (FtoM) ☐ Gender Non-Conforming ☐ Non-Binary
☐ Genderqueer ☐ Other: _____ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Sexual Orientation: ☐ Bisexual ☐ Gay ☐ Lesbian ☐ Questioning/Unsure ☐ Heterosexual ☐ Asexual ☐ Demi-Sexual
☐ Pansexual ☐ Queer ☐ Other: _____ ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected

Living Situation:

Where did you stay last night? _____ How many days did you stay there? _____

How many times have you been homeless in the last 3 years? _____ How many days/months total? _____

Address/zip code of location where you stayed last night: _____

Housing Verification:

- ☐ By checking this box, I, the requester, hereby certify that the client named in this request has a safe and stable place to live at their desired location, whether with friends, family or a rental of their own.

Client Signature

Date

Requester Signature

Date