

West Valley Community Services Single Program Intake

LIVING SITUATION

Please provide the address you currently reside at:

Address:

City: _____ State: _____ Zip: _____

Housing status: ☐ Stably housed ☐ Literally homeless ☐ Unstably housed / imminently losing housing

What best describes your living situation last night (check one):

- | | |
|--|---|
| <input type="checkbox"/> Rental by client (no subsidy)
<input type="checkbox"/> Rental by client with Section 8
<input type="checkbox"/> Rental by client with subsidy
<input type="checkbox"/> Owned by client
<input type="checkbox"/> Staying with family/friends | <input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Place not meant for human habitation (street, park, etc.)
<input type="checkbox"/> Hotel/motel (no voucher)
<input type="checkbox"/> Transitional housing /Safe Haven
<input type="checkbox"/> Other: _____ |
|--|---|

Please answer the following if you are homeless:

Last permanent zip code: _____ What city did you sleep in last night? _____

Extent of homelessness:

- | | | |
|--|---|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than a week but less than a month | <input type="checkbox"/> 1-3 months |
| <input type="checkbox"/> More than 3 months but less than a year | | <input type="checkbox"/> More than a year |

ADULT 1 PROFILE INFORMATION

Household type: ☐ Single Adult ☐ Adults in a Household no Child(ren) ☐ Household with Child(ren)

First Name: _____ MI: _____ Last Name: _____

Other Names Known As: _____ Date of Birth: _____

Gender: ☐ Female ☐ Male ☐ Transgender F-M ☐ Transgender M-F ☐ Other ☐ Unknown

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Smartphone: Y/N _____ Email: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partner
☐ Widowed

Education: ☐ Some School ☐ GED ☐ AA Degree
☐ College Degree ☐ Graduate Degree

Highest Grade Level: ☐ Elementary School ☐ Middle School ☐ High School
☐ Junior College ☐ Undergraduate School ☐ Graduate School

Are you of Hispanic Origin: ☐ Yes ☐ No ☐ Unknown

Primary Ethnicity: ☐ American Indian/Alaska Native ☐ American Indian/Alaskan Native and White

- | | |
|--|---|
| <input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/ Pacific Islander
<input type="checkbox"/> White <input type="checkbox"/> Unknown | <input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African and White
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
<input type="checkbox"/> Other Multi-Racial |
|--|---|

Are you a veteran?: ☐ Yes ☐ No

Disability of long duration? ☐ Yes ☐ No ☐ Unknown

If you have a disability of long duration, please describe your disability:

☐Alcohol abuse ☐Drug abuse ☐Mental health problems ☐Developmental Disability
☐Physical Disability ☐Chronic health condition ☐HIV/AIDS ☐Other

Primary Language: ☐English ☐Chinese ☐Russian ☐Spanish ☐Vietnamese ☐Other:

English Fluency: ☐Fluent ☐Semi-Fluent ☐Not Fluent

Employment Status: ☐Full Time, 35+ hrs/wk ☐Part Time, less than 35 hrs/wk ☐Retired
☐Unemployed, seeking work ☐Unemployed, not seeking work ☐Disable, not in the labor force
☐Full time homemaker ☐Student ☐Unknown

Medical Insurance: ☐Medi-Cal ☐Medicare ☐Medicaid ☐Uninsured ☐Private Insurance ☐Work Insurance

Special Nutrition (WIC): ☐Yes ☐No

CalFresh: ☐Yes (Monthly Amount (\$) ☐No

Emergency Contact:

Phone Number:

Relationship:

Also a client? ☐Yes ☐No

Household Composition (List all individuals who will be living in your home, listing head of household first)

Full Name	Social Security (last 4 only)	Date of Birth	Age	Relationship to head of household (Self, son, friend)

West Valley Community Services is committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following:

I understand that West Valley Community Services may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, WVCS may not be able to provide me with assistance.

I understand that if I sign up for Special Programs and do not follow through with my commitment to the said Special Program, I will be disqualified for one year from all special programs.

All information I provide is true and accurate.

All information between WVCS and me is held strictly confidential unless:

1. I authorize the release of information with a signature;
2. WVCS is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

In the latter two cases, WVCS staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Print Name of Adult 1

Signature of Adult 1

Date