

Serenity Haven Independent Home LLC

Resident Intake Form

Date of Intake: _____

Staff Name: _____

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Resident Information

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Social Security Number (last 4 digits): _____

Phone Number: _____

Email Address: _____

Current Address or Shelter (if any):

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Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

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Housing History

1. Have you experienced homelessness? ☐ Yes ☐ No

2. If yes, how long have you been without stable housing?

☐ Less than 6 months ☐ 6–12 months ☐ Over 1 year

3. Where did you stay last night?

☐ Shelter ☐ Street ☐ Hospital ☐ Jail ☐ Transitional Housing ☐ Other: _____

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Medical & Behavioral Health

Do you have any medical conditions? ☐ Yes ☐ No

If yes, please list:

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Are you currently taking any medications? ☐ Yes ☐ No

If yes, list medication(s):

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Do you have a mental health diagnosis? ☐ Yes ☐ No

Diagnosis: _____

Substance Use History:

☐ Alcohol ☐ Drugs ☐ None

Are you currently in treatment or recovery? ☐ Yes ☐ No

☐ ☐ ☐

Legal Background

Are you on parole or probation? ☐ Yes ☐ No

If yes, name of officer and contact info: _____

Do you have any pending legal cases? ☐ Yes ☐ No

If yes, explain: _____

☐ ☐ ☐

Income & Benefits

Source of Income (check all that apply):

☐ SSI/SSDI ☐ Employment ☐ Veterans Benefits ☐ General Assistance

☐ Unemployment ☐ None ☐ Other: _____

Monthly Income Amount: \$_____

☐ ☐ ☐

Personal Goals & Support Needs

What are your short-term goals while living at Serenity Haven?

☐ ☐ ☐

Do you need help with any of the following? (check all that apply)

☐ Finding Employment

☐ Managing Finances

☐ Accessing Healthcare

☐ Mental Health Support

☐ Substance Use Recovery

☐ Daily Living Skills

☐ Reconnecting with Family

☐ ☐ ☐

Additional Notes or Concerns:

☐ ☐ ☐

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____