

Catholic Charities of Onondaga County

1654 West Onondaga St. Syracuse NY 13204
 PH: (315) 362-7009 Confidential FAX: (315) 410-5336

Supportive Housing Intake Form
 DATE: _____

Referring Agency:		ROI? Y or N	
Caseworker:		Caseworker Phone #	
Client Name:		Social Security #:	
Date of Birth:	Hispanic? Y or N	Gender? M or F	
Race: (Circle all that apply)			
<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:			
Current Living Situation: (Facility Name OR Address)			
Length of Stay:			
Items of concern: (Describe reason for referral)			
Housing Status: <input type="checkbox"/> Literally Homeless		Is Client Chronically Homeless?* Y or N	
<input type="checkbox"/> Imminently Losing Their Housing <input type="checkbox"/> Unstably Housed and At Risk of Losing Housing <input type="checkbox"/> Stably Housed			
Disabilities? (Circle all that apply)*			
<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Dual Diagnosis <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Physical Disability <input type="checkbox"/> Medical/Physical Disability <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Other (please specify):			
Income: (in dollars per month)			
<input type="checkbox"/> Earned Income: \$ <input type="checkbox"/> Social Security Retirement Benefits: \$ <input type="checkbox"/> SSI: \$ <input type="checkbox"/> SSDI: \$ <input type="checkbox"/> Unemployment: \$ <input type="checkbox"/> Veteran's Benefits: \$ <input type="checkbox"/> TANF: \$ <input type="checkbox"/> General Assistance: \$ <input type="checkbox"/> Other: \$ Please specify source:			
Non Cash Benefits: (Please circle all that apply) <input type="checkbox"/> MEDICAID <input type="checkbox"/> VA Medical Services <input type="checkbox"/> WIC <input type="checkbox"/> SCHIP <input type="checkbox"/> Section 8 <input type="checkbox"/> Medicare <input type="checkbox"/> TANF Childcare <input type="checkbox"/> Food Stamps Amount: \$			
Domestic Violence Survivor? Y or N		Veteran? Y or N	
Household Members	Relation	D.O.B.	Highest Level of Education
	self	See above	

Chronically Homeless HUD's definition is "an unaccompanied homeless individual with a **disabling condition** who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years." To be considered chronically homeless, a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays. ***Disabling Condition*** HUD's definition is "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.