PROJECT 730

Homeless Assistance Intake Form

Purpose of this form

This form helps Project 730 understand immediate needs, identify appropriate support, and coordinate referrals for individuals and families experiencing homelessness, hunger, or housing instability. Please

Important note

If someone is in immediate danger or needs emergency medical help, call 911. For mental health or suicide crisis support, call or text 988. Project 730 is not an emergency response agency.

Organization & Intake Information

Organization Name _____

Intake ID # _____

Case Worker / Volunteer Name _____

Date _____

Event / Outreach Location _____

Preferred Language _____

Participant / Neighbor Information

Full Legal Name _____

Preferred Name _____

Date of Birth _____

Age _____

Gender Identity _____

Phone Number _____

Email Address _____

Best Way to Contact _____

Alternate Contact Method _____

Consent to contact: ☐ Yes ☐ No ☐ Text okay ☐ Voicemail okay

Identification

Please check any documents currently available. This helps Project 730 understand potential referral needs.

- ☐ State ID / Driver's License
- ☐ Birth Certificate
- ☐ Veteran ID
- ☐ Other: _____
- ☐ Social Security Card
- ☐ Medicaid / Medicare Card
- ☐ None

Current Living Situation

- ☐ Unsheltered - street, car, tent, or abandoned building
- ☐ Emergency shelter
- ☐ Transitional housing
- ☐ Staying with friends or family
- ☐ Hotel / Motel
- ☐ Recently evicted
- ☐ At risk of homelessness
- ☐ Other: _____

How long have you been homeless or at risk of homelessness?

Last Permanent Address, if any

City / State / ZIP

Household Information

Family members or dependents currently living with you:

Name	Age	Relationship	Special Needs / Notes

Emergency Contact

Name

Relationship

Phone Number

Email / Alternate Contact

Income & Employment

- ☐ Full-time
- ☐ Part-time
- ☐ Unemployed
- ☐ Disabled
- ☐ Retired
- ☐ Student
- ☐ Other: _____

Employer, if applicable

Estimated Monthly Income

Monthly Income Sources

- ☐ Employment
- ☐ SSI / SSDI
- ☐ TANF
- ☐ Unemployment
- ☐ SNAP / Food Stamps
- ☐ Child Support
- ☐ Veterans Benefits
- ☐ None
- ☐ Other: _____

Immediate Needs Assessment

Please check all that apply. Staff may use this section to prioritize support and referrals.

Basic Needs

- ☐ Food assistance
- ☐ Clothing
- ☐ Hygiene supplies
- ☐ Shelter
- ☐ Transportation
- ☐ Help obtaining ID / documents

Health & Wellness

- ☐ Medical care
- ☐ Mental health services
- ☐ Substance use support
- ☐ Prescription assistance

Housing & Financial Support

- ☐ Emergency housing
- ☐ Rental assistance
- ☐ Utility assistance
- ☐ Job placement
- ☐ Financial counseling
- ☐ Case management / referrals

Other services needed

Most urgent need today

Medical & Behavioral Health Information

Do you have any medical conditions? ☐ Yes ☐ No

If yes, please explain

Are you currently taking medications? ☐ Yes ☐ No

If yes, list medications

Do you have health insurance? ☐ Yes ☐ No

Are you currently experiencing any of the following?

- ☐ Depression
- ☐ PTSD
- ☐ Suicidal thoughts
- ☐ Other: _____
- ☐ Anxiety
- ☐ Substance use concerns
- ☐ None

Veteran Status

Have you served in the military? ☐ Yes ☐ No

Branch | **Years Served** | **Honorable Discharge? Yes / No**

Safety Screening

Are you currently in a safe environment? ☐ Yes ☐ No

Are you experiencing domestic violence, abuse, or threats? ☐ Yes ☐ No

If yes, explain immediate safety concerns or preferred support

Service Plan

Staff / volunteer notes for resources provided today and next steps:

Referrals Requested or Made

- ☐ Shelter
- ☐ Healthcare provider
- ☐ Substance use support
- ☐ Employment services
- ☐ Transportation
- ☐ Food pantry
- ☐ Mental health services
- ☐ Housing assistance
- ☐ ID / document assistance
- ☐ Other: _____

Consent & Release

I certify that the information provided is true to the best of my knowledge. I understand that Project 730 may use this information to determine eligibility for services, coordinate support, and make referrals. I also understand that completing this form does not guarantee services, housing, financial assistance, or benefits.

☐ I give permission for Project 730 to contact me regarding services and referrals.

☐ I give permission for Project 730 to share limited information with referral partners when needed.

Participant Signature **Date**

Parent / Guardian Signature, if applicable **Date**

Staff / Volunteer Signature **Date**

Eligibility Determination

- ☐ Approved
- ☐ Denied
- ☐ Pending
- ☐ Additional information needed

Reviewed By

Review Date

Assistance Provided Today

- ☐ Meal / food support
- ☐ Clothing
- ☐ Transportation support
- ☐ Follow-up scheduled
- ☐ Hygiene kit
- ☐ Haircut / grooming
- ☐ Referral provided
- ☐ No same-day support available

Follow-Up

Follow-Up Date

Follow-Up Method

Assigned Staff / Volunteer

Notes

Project 730 Contact Information

Project730.org | 678-683-4043 | Project730.org@gmail.com