



Tola Olubanjo
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Client Intake Information

Name: _____

Date: _____

E-mail: _____

Agency that works with you: _____

Birth Date: _____

Age: _____

Vet:

Phone: _____

Email: _____

ID Card:

SS card:

Income

Working:

DOC Housing Voucher

HARP Funding

SSI:

SSDI:

Other:

Healthcare

Medicaid:

State Health:

Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present and do you receive services? Where?:

Housing history

Times you lost housing and why:

Debt or LFOs: _____

Children and ages: _____

Incarceration or Arrest history

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

Are you working with any other organization or case managers are they helping with resources?

Work history

Are you working or looking for work?

Type? _____

Do you plan on attending school or training and what type of education? _____

What should we know about you to assist you? Please feel free to write in comments.

Counselor
Signature _____

Emergency Contacts/Family or friends

Resident
Signature _____

1. Name: _____

Relation: _____

Address: _____

Phone number: _____



RAINDROPS
HOUSING SOLUTIONS

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

ENDING HOUSING INSECURITIES ONE PERSON AT A TIME

Comments.



RAINDROPS HOUSING SOLUTIONS

ENDING HOUSING INSECURITIES ONE PERSON AT A TIME