|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name:       Unique ID: | | Referral Date: | |
| Applicant Contact Number: | | Date of Birth: | |
| Shelter Name: | | County: | |
| Case Manager: | | Case Manager Phone: | |
| Case Manager Email: | | DV Shelter Phone: | |
| Number of Household Members: | Preferred Bedroom Size: | List any other Adult Household Members: | |
| Does the Applicant require assistance to read, write, speak or understand English?  YES or  NO | | Does Applicant require accessible housing or other modifications?  YES or  NO | |
| Best time for intake interview: | | Contact person to schedule intake appointment? | |
| **CERTIFICATION OF HOMELESSNESS AND DV STATUS** (24 CFR 578.3) | | | |
| 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:  * An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; * An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or * An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;   YES or  NO. If NO, Applicant is not eligible.  If YES, Date of shelter entry:   1. Is Applicant fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the Applicant or a family member, including a child, that has either taken place within the Applicant or family's primary nighttime residence or has made the Applicant or family afraid to return to their primary nighttime residence; 2. has no other residence; and 3. lacks the resource or support networks to obtain other permanent housing?   YES or  NO. If NO, Applicant is not eligible. | | | |
|  | | | |
| **FINANCIAL:** Does the Applicant(s) report having a stable source of income?  YES or  NO | | | |
| **EVICTIONS:** Does the Applicant/adult household members report the following:  Being evicted from housing in the last seven years?  YES or  NO  Has the Applicant terminated from HUD subsidized program in the last three (3) years?  YES or  NO | | | |
| **CRIMINAL AND/OR DRUG RELATED ACTIVITY:** Does the Applicant/household members report the following:  Being arrested for and/or convicted of a crime, other than minor traffic offenses?  YES or  NO  Having active warrant or pending case(s)? ☐ YES or ☐ NO Subject to sexual offender registration?  YES or  NO | | | |
| *My signature below indicates that the above named applicant is homeless, currently resides in a shelter, and reports fleeing or attempting to flee a domestic violence, dating violence, sexual assault or stalking situation. Further, the information provided is true to best of their knowledge, as reported by the applicant and/or household member.* | | | |
| Case Manager Signature. | | | Date: |