

DATE: _____ METHOD: (PHONE?IN-PERSON _____ NEIGHBOR: _____

Neighbor Intake Assessment

First Name: _____ Last Name: _____

Phone: _____ Alt Phone: _____

Email: _____

Last stable address: _____

Age: _____ Gender: _____ Race: _____ Ethnicity: _____

Marital Status: _____ Partners name: _____ Partners age: _____

Partners Gender: _____ Partners Race: _____

Partners Ethnicity: _____ Best Time/Method to Contact: _____

Where did you sleep last night? _____

If staying in a hotel, how long? Out date? _____

How did you learn about A Place to Stay? _____

Were you referred by an agency or organization? _____

If yes, what agency or organization? _____

Number of adults in household, including yourself: _____

Name/Ages of other household adults not including self/partner (Please use back of page for additional adults)

Adult 1 (Name): _____ Age: _____

Adult 2 (Name): _____ Age: _____

Adult 3 (Name): _____ Age: _____

Adult 4 (Name): _____ Age: _____

Adult 5 (Name): _____ Age: _____

Number of children in household (include ages): _____

Name/Ages (Please use back of page for additional children)

Child 1 (Name): _____ Age: _____ School: _____

Child 2 (Name): _____ Age: _____ School: _____

Child 3 (Name): _____ Age: _____ School: _____

Child 4 (Name): _____ Age: _____ School: _____

Child 5 (Name): _____ Age: _____ School: _____

DATE: _____

NEIGHBOR: _____

The place I have been living is (where, how long)

Description and reasons/events leading to your current situation _____

Please circle Yes or No

Do you have a driver's license? Yes / No

If not, do you have a state identification? Yes / No

Do you own a vehicle or have reliable transportation? Yes / No

If the car is not yours, how do you transport it? _____

Are you receiving any government assistance (Food Stamps, etc.) Yes / No

If yes, what type? _____

How much/date you receive? _____

For males 18 years and older, are you registered with selective service (Draft)? Yes / No

If no, please visit <https://www.sss.gov/register/>

Are you a veteran? Yes / No

Are you a military spouse? Yes / No

To help navigate finding housing, please answer the following questions as honestly as possible; answers to these questions are not a condition of receiving services.

Number of "fur-babies" in your household: _____

How are they currently being cared for? _____

Do you have a disability? Yes / No

What is your disability? _____

Do you receive _____SSI _____SSDI _____None How much/date you receive \$ _____

Do you have a felony or misdemeanor charge? Yes / No

If yes, what is the charge? _____

When did it occur? _____

Have you ever been evicted from a home? Yes/ No If Yes, when? _____

To assist in repairing credit or planning a budget, would you like a referral for financial literacy programming? Yes / No

DATE: _____

NEIGHBOR: _____

Employment

Completed high school? Yes / No Higher Education? Yes / No Degree: _____

Have you had other vocational training? Yes / No Certifications: _____

Are you currently employed? Yes / No If yes, where? _____

How many hours a week? _____ What is your income? _____

Are you paid ____ Daily ____ Weekly ____ Biweekly ____ Monthly Other _____

Do other members of your household have a source of income? Yes / No

If yes, what is the source and how much? _____ \$ _____

Are they paid ____ Daily ____ Weekly ____ Biweekly ____ Monthly Other _____

If there is no source of income, are you/they able to work? Yes / No Reason for not: _____

What monthly expenses do you have and how much? Exp: _____ \$ _____

Exp: _____ \$ _____

Exp: _____ \$ _____

Exp: _____ \$ _____

Exp: _____ \$ _____

Exp: _____ \$ _____

Exp: _____ \$ _____

How have you been paying for the last six months? _____

What other organizations have you contacted? _____

How have they assisted? _____

If A Place to Stay is able to assist, what is your plan for meeting your own obligations in the future? _____

In a time of a crisis or emergency situation, name two people on whom you can always lean.

Name: _____ Why? _____

Name: _____ Why? _____

DATE: _____

A Place to Stay (APTS) is the entry point to services for neighbors in Blount County, Tennessee, who are experiencing homelessness. In partnership with our unhoused neighbor and other community agencies, organizations, and businesses, we coordinate service and provide support to our neighbor in efforts to remove barriers to housing. I, (Neighbor) _____, understand APTS provides emergency assistance for motel/hotel stays for a period up to three (3) days; this accommodation is provided only once during the period of one year unless otherwise approved. **APTS is not and does not have a housing voucher program. I understand I am mutually and willingly entering in and agreeing to a partnership with APTS and will create a plan for stabilizing, sustaining, and working toward permanent housing.** APTS will work on my behalf to coordinate services as long as I am actively participating in this plan; **it is my responsibility to contact specified partners and provide necessary information up to and including an intake assessment as required by each partner.** I further understand **APTS is not responsible for finding nor guarantees housing. It is my responsibility to complete the necessary steps and follow through to reach my goal of stability and permanent housing.** The Personal Action Plan is a living document and may be revised accordingly to my specific needs.

I, _____, give permission to A Place to Stay or its authorized representatives to disclose any information on the intake form above in order to coordinate care with different service organizations to provide for various needs.

Name: _____

Signature: _____ Date: _____

A Place to Stay's Authorized Rep: _____

Signature: _____ Date: _____