



Covita Grey, CEO.

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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? \_\_\_\_\_

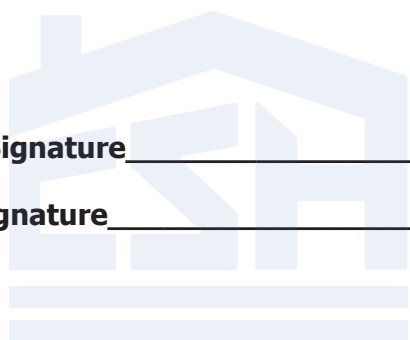
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Emergency Contacts/Family or friends**

**1. Name:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_



Covy's Shared  
Housing

F O U N D A T I O N

**Counselor Signature** \_\_\_\_\_

**Resident Signature** \_\_\_\_\_

**Comments.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_