

Date of Intake: ____/____/____

RWA Eligibility Expiration Date: ____/____/____

Client Contact Information

First Name: _____

Last Name: _____

Preferred Name: _____

Date of Birth: ____/____/____

Gender Identity: _____

Home Address (including city, state, and zip code): _____

Phone Number: (____) _____

E-mail Address: _____

Preferred Method(s) of Contact (check all that apply): ☐ Mail ☐ Phone ☐ E-mail

Confidential messages may be left in the following method(s) (check all that apply): ☐ Mail ☐ Phone ☐ E-mail

Housing Status Information

What is the client's current living situation?

Does the client access utility assistance, e.g. HEAP, PIPP?

If YES: What utility assistance does the client receive? _____

Vocational Information

What is the client's highest level of education completed?

Is the client currently: Enrolled in school

Enrolled in job training

Employed

Seeking employment

Retired

If the client is employed, average number of hours worked/week: _____

Requested Service Information

What service assistance does the client need? (check all that apply)

☐ Rent

☐ Utility

☐ Application Fee

☐ Moving Expense

☐ Housing Case Management

Community Resource Assistance Information

Based upon information documented by the referral source on the Housing Referral Form, have community resources been exhausted enabling Equitas Health to be the payer of last resort?

If NO: Equitas Health is responsible for assisting the client with obtaining financial assistance prior to providing financial assistance, if financial assistance is requested.

Client Agreement

I _____ agree that all of the information documented above is accurate and true.

Client Signature: _____

Date: ____/____/____

Housing Case Manager Signature: _____

Date: ____/____/____