

# Harbor of Hope Consulting – Intake Form

Thank you for your interest in Harbor of Hope Consulting. This intake form helps us understand your housing and independent living needs. Submission does not guarantee placement.

## SECTION 1: Applicant Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Method of Contact (Phone / Text / Email): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SECTION 2: Emergency Contact

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## SECTION 3: Referral Information

How did you hear about Harbor of Hope Consulting?: \_\_\_\_\_

Referral Source Name (if applicable): \_\_\_\_\_

Organization Name: \_\_\_\_\_

## SECTION 4: Current Housing Status

Current Housing Situation: \_\_\_\_\_

Desired Move-In Timeframe (Immediately / 30 Days / 60 Days / Flexible): \_\_\_\_\_

## SECTION 5: Independent Living Readiness (check all that apply)

I can manage personal hygiene

I can prepare meals

I can manage my finances

I can follow house rules

I can live cooperatively with others

I am willing to participate in structured support

## SECTION 6: Income & Financial Information

Source of Income (Employment, SSI/SSDI, Veterans, etc.): \_\_\_\_\_

Approximate Monthly Income: \_\_\_\_\_

## SECTION 7: Legal & Program Readiness

Are you currently on probation or parole?  Yes  No

## SECTION 8: Program Acknowledgment

I understand Harbor of Hope Consulting provides independent living support and housing consulting, not medical or clinical services.

I understand participation is voluntary and subject to availability.

I understand this is not a landlord-tenant relationship.

## SECTION 9: Signature & Submission

Printed Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_