



DOROTHY'S HOUSE CLIENT INTAKE FORM

Thank you for your interest in Dorothy's House. Ways to apply:

- email this completed application to dorothyshousemonroe@gmail.com
- call Tracy at 206-227-3999 and apply over the phone.

We will contact you directly after we review your application.

CLIENT INFORMATION

Name _____ Email _____

Birth date _____ Phone _____

Age _____ Race _____

Are you currently pregnant? Y N When are you due? _____

HOUSING INFORMATION

What is your current living situation? _____

What is your plan/goal for housing? _____

Do you have a housing navigator? Y N (have you connected with 211?)

Name & phone number _____

BACKGROUND

Do you have other children? Y N

Are your children currently living with you? Y N

Do **YOU** have a history of abuse? Y N

Are you willing to attend classes, work with a mentor and your client liaison? Y N

What/Who is your main support during this pregnancy? _____

EDUCATION/EMPLOYMENT/INCOME

Highest level of education completed: _____

Are you currently employed? Y N Position/company _____

Income: ___ Job ___ ABD ___ SSDI ___ SSI ___ EBT ___ TANF ___ OTHER _____

Have you applied for WIC? Y N

HEALTH INFORMATION

Are you under a physician’s care? Y N Name of Dr/Clinic. _____

Do you have medical insurance? Y N If yes, who is your insurance provider?

How would you rate your physical health? (scale from 1-10 with 10 being very healthy) _____

How would you rate your mental health? (scale from 1-10 with 10 being very healthy) _____

Do you take any medications? Y N If yes, list below

Are you currently in counseling? Y N If yes, name of counselor/agency _____

Do you have a history of drug or alcohol abuse? Y N Which one or both? _____

In the past 3 months have you used alcohol, marijuana or illegal drugs? Y N

If yes, what substance did you use and when? _____

Are you currently in treatment? Y N Agency _____

Have you ever been in treatment? Y N Agency _____

How long have you been sober? _____

We are a clean and sober facility. Will you commit to not using alcohol or drugs (including marijuana) while you stay with us? Y N

LEGAL

Have you ever been convicted of any type of a violent or sexual crime? Y N

Explain: _____

Are you on parole or probation? Y N

Probation officer name and phone number _____

Are you being stalked or pursued by anyone? Y N

Is there a restraining order against this person? Y N

Explain _____

TRANSPORTATION

Choose one of the following:

___ No access to transportation OR not sufficient for basic needs

___ Limited OR unreliable OR no driver's license OR no insurance

___ Public transportation - has own car and insurance (if you have your own car, please fill out the vehicle registration form)

How did you hear about Dorothy's House? _____

Who would we contact in case of an emergency?

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date _____

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|---------------------------------|
| For office use only |
| Interview date _____ |
| Approved for admission by _____ |
| Admission date _____ |
| Notes _____ |
| _____ |
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DOROTHY'S HOUSE AGREEMENTS AND WAIVERS

I have read and agree to abide by the rules of Dorothy's House. I agree to embrace the program offered here at Dorothy's House. I have read and agree to abide by the rules of Dorothy's House. I understand that if I do not obey these rules, I am putting myself and my child at risk of being asked to leave or be removed from the House. _____(initial)

I recognize that it is the right of Dorothy's House to perform breathalyzer tests and drug tests at the discretion of the house mom and the Client Liaison. _____ (initial)

I understand and agree that my property may, with probable cause, be searched by staff. In the event of theft or disappearance of my property, either while in residence or after exit, liability of Dorothy's House will never exceed one dollar (\$1.00). I have been advised that no valuables should be stored at Dorothy's House and that my wallet, money cigarettes and other such personal effects should remain with me at all times. _____ (initial)

I understand that upon my exit, clothing and other personal belongings left behind will be sent to a donation site after 5 days. Identity papers and personal photos, if found, will be placed in an envelope and held for a maximum of 14 days. _____ (initial)

I hold Dorothy's House and Monroe Gospel Women's Mission, its agents, members, volunteers and employees form all liability to myself from personal injury, regardless of nature and agree that either entity may verify family, income, employment hours, special needs, etc. with all appropriate agencies businesses, landlords and employers with which I am associated. _____ (initial)

_____ I grant Dorothy's House permission to take and use a photograph of me for the promotion of Dorothy's House.

_____ I do not grant permission for release of any photos of me.

Printed Name _____

Signature _____ Date _____



DOROTHY'S HOUSE CLIENT VEHICLE REGISTRATION

Residents may park their vehicle in front of Dorothy's House. Vehicles left unattended for 48 hours or more will be towed at the vehicle owner's expense. Vehicles are for transportation purposes only. Do not hang out in your car. Do not take bedding from the house into your vehicle. Vehicle owners may not transport other residents in their car.

I hold the Monroe Gospel Women's Mission and Dorothy's House from all liability regarding my vehicle and its contents.

Make _____

Model _____

Year _____ License Plate Number _____

Insurance Company _____

Policy Number _____

Resident Signature _____ Date _____

Witnessed by _____ Date _____