



## New Beginnings in Serenity Housing Program

### Intake form

#### Participant Information

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

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

Social Security Number (last 4 digits): \_\_\_\_\_

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

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

#### Current Living Situation:

- Shelter
- Living with friends/family
- Transitional program
- Hotel/Motel
- Other: \_\_\_\_\_

#### Housing Needs & History

##### Why are you seeking supportive housing?

- Financial hardship
- Unsafe/unstable housing
- Recovery/reentry
- Seeking independent living
- Other: \_\_\_\_\_

Program Length	Living Preference	Move-in Timeline
<ul style="list-style-type: none"><li><input type="checkbox"/> Weekly</li><li><input type="checkbox"/> 6-Month</li><li><input type="checkbox"/> Month-to-Month</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Semi Private Room</li><li><input type="checkbox"/> Private Room</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Immediately</li><li><input type="checkbox"/> 30 days</li><li><input type="checkbox"/> Flexible</li></ul>

## Income & Employment

**Do you currently have a source of income?**

Yes  No

Monthly Income Amount: \$\_\_\_\_\_

**Source of Income:**

- SSI/SSDI
- Employment
- VA Benefits
- Private Pay
- Retirement
- Other: \_\_\_\_\_

**Are you currently employed?**

Yes

No

Employer Name (if applicable): \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

## Health & Support Screening

Select all that apply:		
<ul style="list-style-type: none"><li><input type="checkbox"/> Shared living comfort</li><li><input type="checkbox"/> Physical, Mental or Medical needs</li><li><input type="checkbox"/> Transportation access</li><li><input type="checkbox"/> Communication access</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Receives case management, therapy or supportive services</li><li><input type="checkbox"/> Criminal record or history of being violent or disruptive</li><li><input type="checkbox"/> Other: _____</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Non-smoker</li><li><input type="checkbox"/> Veteran</li><li><input type="checkbox"/> Re-entry</li><li><input type="checkbox"/> Age 55 or older</li><li><input type="checkbox"/> Disabled</li><li><input type="checkbox"/> Independent mobility</li></ul>

## Emergency Contact

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

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

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

**Program Understanding & Acknowledgment**

Please read, check and initial each box to confirm:

- Rent:** Monthly rent is due on designated day each month.
- Security Deposit:** The security deposit may be used for unpaid fees, damages beyond normal wear and tear, rule violations, or emergency relocation costs. Deposit refund eligibility is subject to program compliance.
- Immediate Discharge & Notice to Vacate:** **New Beginnings in Serenity LLC operates as a housing program-based residence, not a traditional landlord-tenant arrangement. Occupancy is contingent upon program compliance, and discharge from the program terminates the right to remain on the premises.**
- Substance-Free Environment:** The program is drug and alcohol free at all times.
- Visitors:** **No visitors** are permitted on the property.
- Living Arrangements:** Shared living space semi/private rooms
- Mail & Deliveries:** I understand that personal mail and packages are not delivered to this address. I am responsible for obtaining P.O. Box info from management or an alternate mailing address.
- Program agreement:** I understand that this is a month-to-month program and not permanent housing.
- I agree to follow **ALL HOUSE RULES**, including respect for staff, other participants, and the property.
- I agree to attend an in-person intake interview and orientation prior to placement.
- I understand that any false information may affect my eligibility.
- I give **consent for New Beginnings in Serenity, LLC** to contact my listed emergency contact in the event of a crisis.
- Emergency Procedures:** I agree to follow all emergency procedures related to fire, medical emergencies, and safety incidents as outlined in the program handbook.

### **Participant Agreement**

*I certify that the information provided on this intake form is true and accurate to the best of my knowledge. I understand that providing false information may result in denial or termination of program participation.*

Signature of Applicant: \_\_\_\_\_

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

 **For Office Use Only**

**Date Received:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Accepted**

**Waitlist**

**Denied**

**Move-in Date (if accepted):** \_\_\_\_\_

**Room Assigned:** \_\_\_\_\_

**Notes:** \_\_\_\_\_