

Chippewa – Luce – Mackinac Community Action Agency

Intake – Homeless – Prescreen

Date: _____ Are you Pregnant? Yes No Are you a Veteran? Yes No

Name	Relation to HoH	Last #4 of SSN	Age	Gender	DOB	Race/Ethnicity
	Self					

Are you a Domestic Violence Victim? Yes No Domestic Violence Survivor? Yes No

If yes, most recent occurrence:

Under 3 months	3 months	6 months	1 year or more
----------------	----------	----------	----------------

Current/Past Substance Abuse? Yes No If yes, did you complete rehabilitation? Yes No

Last known address: _____

How long at last known address? _____ What county were you residing in? _____

Description as to what brings you here – what caused your homelessness? _____

Have you ever been homeless before? Yes No If yes, how many times? _____

How many times in the last 3 year, including today? _____

Have you received any homeless services within the last 365 days? Yes No

Phone number where you can be reached: _____ Leave a detailed message? Yes No

Emergency contact (name & number): _____

_____ Permission to contact this person? Yes No

How would you rate your overall household's health (circle one)? Excellent Very-Good Good Fair Poor

Chippewa – Luce – Mackinac Community Action Agency Intake – Homeless – Prescreen

Does the Household have income: Yes No If yes, monthly Gross Income: \$ _____

Type of Income:	Yes/No	Monthly Amount:
SSI		\$
SSDI		\$
SSA (Retirement SS)		\$
Earned Income/Wages		\$
Child Support		\$
Cash Assistance (DHHS)		\$
General Assistance (Tribal)		\$

Does the household have health insurance? Yes No

Type of Health Insurance:	Yes/No
Medicaid	
Medicare	
Tribal – HIS	
Private Pay	
UPHP	

Does the household have any non-cash benefits? Yes No

Non-Cash Benefit (Types)	Yes/No	Monthly Amount
Food Assistance (Bridge Card)		\$
WIC		\$ N/A
Tribal Food Commodities		\$ N/A

Do you have a disability? Yes No

Type	Yes/No
Mental Health	
Developmental	
Physical	
Chronic Health	
Substance Abuse	

Have you received any other emergency shelter services from any other agency within the last year? Yes No

If so, what agency? _____ How long ago? _____ Were you referred by someone? Yes No

Name: _____ Number: _____ Agency: _____

Date: _____ Signature: _____