

St. John's Community Development Corporation
Homeless Prevention Program Intake Form

Date of Enrollment: ____/____/____ ID _____

Name _____

Number and Street _____

City _____ State _____

Zip Code _____

Telephone (home) _____ OK to call home (check here)

Telephone (work) _____ OK to call work (check here)

1. At time of enrollment, applicant is (select one);

LI Employed _____ full time _____ Part Time

Company Name _____

Company Address _____

Landlord Name _____ Tel# _____ Rent\Mortgage _____

1-1 unemployed but available for work

____ laid off ____ fired ____ quit ____ disabled

2. Gender: __Male __Female

3. Race: __Asian __Black __Native American __White __Other

4. Ethnicity: _____ Hispanic _____ Non-Hispanic ____ Other

5. Date of Birth: __/__/__ (Month/Day/Year)

6. Marital Status

__married __separated ____divorced ____widowed ____never married

7. Presence of Children: _____Number of children

8. Prevention Services Requested:

__Homeless Prevention ____Landlord/Tenant Relations ____Resources ____Crisis Intervention

By participating in this program, I agree to attend the mandatory scheduled training\budgeting classes.

Signature _____