



Basic Family Information:

Date of Referral:

Client Name(s) (please list all adults):

Number of Children:

Ages & gender of children:

Does any member of the household have any criminal convictions? Yes No

If yes, please list the following related information:

Charges and dates:

List any time served and sentences pending:

Are there any pending charges?

Is any member of the family a registered sex offender? Yes No

Are any members of the household working? Yes No

If yes, please list employment information below: Wage/ hrs per week/name of employer

Does the family have an income? Yes No Source?

[Type text]

Does the family have any previous evictions? Yes No

If yes, please list the date(s), location(s) and amount owed:

Has the family ever had a Section-8 voucher or been in public housing? Yes No

Does the family have negative credit? Yes No

If yes, what are the sources and estimated amount of debts?

What are the major issues the family faces as barriers to obtaining and maintaining permanent housing?

What do you consider this family's greatest strength?

Does the family keep scheduled appointments? Yes No

Does client have chemical dependency issues? Yes No

Does the client have any mental health issues? Yes No

If yes, is the client enrolled in mental health counseling or treatment services? please describe:

[Type text]

Please list the best phone number to reach the family_____

Any additional comments:

Form completed by:

Name:

Title:

Agency:

Phone:

Case Managers may email or mail this form to:

Way Back Inn

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