# TRINITEE REFUGE GROUP LLC

## Resident Intake Form

## RESIDENT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ ☐ Female ☐ Male ☐

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

## HOUSING INFORMATION

| Program Options | Living Preference | Move-In Timeline |
|---|---|---|
| □ 3-Month<br>□ 6-Month<br>□ Month-to-Month | □ Private Master Suite<br>□ Closet Equipped Room<br>□ Standard Room | □ Immediate<br>□ 30 days<br>□ Flexible |

## INDEPENDENT LIVING SCREENING

Please check any of the following that apply to you:

☐ Age 18 or older
☐ Veteran / homelessness
☐ No disruptive behavior
☐ No medical care
☐ Follows house rules
☐ Independent mobility
☐ Communication access
☐ Non-Smoker
☐ Transportation access
☐ Income or benefits
☐ Currently housed
☐ Shared living comfort
☐ Other: _____

## CASE MANAGEMENT CONTACT

Full Name: _____

Phone: _____ Organization: _____

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## EMERGENCY CONTACT

Full Name: _____

Relationship: _____ Phone: _____

Is this person authorized to receive information in an emergency? ☐ Yes ☐ No

Is this person allowed to assist with decision-making if the resident cannot? ☐ Yes ☐ No

## HEALTH & WELLNESS

Do you take prescribed medication? ☐ Yes ☐ No

Are you able to manage your own medication? ☐ Yes ☐ No

Do you have any physical limitations that may affect daily living? ☐ Yes ☐ No

## RESIDENT ELIGIBILITY SCREENING

Are you willing to live in a drug-free shared environment? ☐ Yes ☐ No

Have you ever been removed from a housing program? ☐ Yes ☐ No

Do you have a history of violent behavior toward others? ☐ Yes ☐ No

Are you currently using illegal drugs or misusing alcohol? ☐ Yes ☐ No

Are you able to manage your daily needs without assistance? ☐ Yes ☐ No

## FINANCIAL STABILITY

Do you have a stable source of income or benefits? ☐ Yes ☐ No

Are you able to pay housing fees on time each month? ☐ Yes ☐ No

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## BACKGROUND SREENING

Are you currently on probation or parole? ☐ Yes ☐ No

Do you have pending legal charges? ☐ Yes ☐ No

Are there any legal restrictions that would affect placement? ☐ Yes ☐ No

If yes, please provide details: _____

_____

## PROGRAM EXPECTATION

___ I understand this is an independent living home and not a medical facility.

___ I am responsible for managing my own medications.

___ I agree to follow all house rules and shared living expectations.

___ I will maintain cleanliness in my personal and shared spaces.

___ I understand disruptive behavior may result in removal.

___ I understand illegal drugs and violence are prohibited.

___ I agree to treat staff and residents with respect.

___ I understand smoking and alcohol use are prohibited in this home.

## RESIDENT GOALS

What goals would you like to work toward while living here?

_____

_____

_____

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## HOUSE ACKNOWLEDGMENT

I acknowledge that I have reviewed the house rules and agree to follow all policies while residing in the home. ☐ Yes ☐ No

## LIABILITY STATEMENT

I understand Trinitee Refuge Group provides independent housing only and is not responsible for personal belongings, medical care, or supervision. ☐ Yes ☐ No

## FINAL SCREENING QUESTION

Why do you believe you are a good fit for shared independent living?

_____

_____

_____

Resident: _____ Date: _____

**Management Use Only**

☐ Application Approve ☐ Additional Information Needed ☐ Not a Fit at This Time