Kross Road Transitional Housing
Program Intake Form–

(PLEASE PRINT)

Location Address: _____

Date: _____ Room Number: _____ Bed Number: _____

GENERAL INFORMATION

Name: (Last, First,MI)_____

Date of Birth: _____/_____/_____ Age: _____

Social Security Number : _____-_____-_____

Driver's License / State ID Number: _____ State: _____

Cell Phone Number: (_____) _____

Last Address: _____

Place of Birth: (City, State) _____

State How many in your family are included in the file? _____

EMERGENCY CONTACT INFORMATION

Name: (First & Last) _____ Relationship to you: _____

Phone Number(s): (_____)_____

Address: _____

Name: (First & Last) _____ Relationship to you: _____

Phone Number(s): (_____)_____

Address: _____

FAMILY & SOCIAL RELATIONSHIPS

Next of kin: (First & Last)_____ Relationship: _____

Phone Number(s): (_____)_____

Address: _____

I have family/friends to help/support me: Yes / No

MILITARY & CITIZENSHIP

U.S. Citizen: Yes / No Permanent Resident Alien: Yes / No

Veteran? Yes / No Branch of service: _____

Discharged? Yes / No Discharge Status: Honorable / Dishonorable

FINANCIAL INFORMATION / INCOME

Do you have income? Yes / No

(Check all that apply) SSI/SSID ___ Cash Aid ___ Disability ___ Food Stamps ___

Child Support___ General Relief ___ Other: _____

Do you have a job? Yes / No Where do you work?: _____

Job address: _____ Work hours per week: _____

Paid daily __ Paid weekly__ Paid biweekly __ Paid monthly __ Other _____

Total monthly income: _____ Do you have a checking account? Yes / No

MEDICAL INFORMATION

What physical or medical issues do you have? _____

_____

_____

_____

_____

_____

Do you have a physical disability? Yes / No

If so, what is it? _____

Any physical limitations: _____

_____

_____

Do you have medical insurance? Yes / No Carrier: _____

Medical Insurance Card Number: _____

Primary Doctor Name and Phone Number: _____

Are you Pregnant? Yes / No How many months? ____ Due date: _____

Any diagnosed mental health conditions? Yes / No

If yes, what conditions? _____

_____

Please list all medications you're currently taking: _____

_____

_____

Therapist / Psychologist / Psychiatrist / or Mental Health Worker Information

Name: _____

Phone Number: (_____)_____

VEHICLE INFORMATION

Make: _____ Model: _____ Color: _____

License Plate: _____ State: _____

Is your vehicle registered? Yes / No Is your vehicle insured? Yes / No

All vehicles on the property must be properly registered, insured, operational, and in road-ready condition. Unregistered or uninsured vehicles are not permitted on or at the property. Kross Road Transitional Housing is not responsible for any vehicle that is towed, removed, damaged, or otherwise affected due to failure to comply with registration, insurance, parking, or other applicable requirements. It is the vehicle owner's responsibility to ensure that their vehicle remains legally registered, insured, operational, and road-ready at all times. Inoperable or broken-down vehicles must be removed from the property at the owner's expense.

- If your vehicle becomes inoperable, notify KRTH staff immediately.
- Do not block neighboring driveways, sidewalks, or access areas.
- Parking in the driveway is not permitted. All program participants must park on the street in accordance with applicable parking laws and restrictions.

I certify that the information provided in this application and intake form is true, complete, and accurate to the best of my knowledge. I understand that Kross Road Transitional Housing may use the information provided to evaluate my eligibility for participation in the program and to determine appropriate housing and supportive services.

I understand that completing this application does not guarantee admission into the Kross Road Transitional Housing program. I agree to notify Kross Road Transitional Housing if any information provided in this form changes or is found to be inaccurate.

I acknowledge that I have had an opportunity to ask questions about this intake form and the Kross Road Transitional Housing program before signing.

_____

Print name

_____ _____

Signature Date

KROSS ROAD
TRANSITIONAL HOUSING