



# Fields Grandeur Management

## Independent Living Program - Intake Form

\*All information provided is confidential and used solely for eligibility determination and placement.\*

### SECTION 1: APPLICANT INFORMATION

This request is for:

Myself

Family Member

Client

Relation to the applicant: \_\_\_\_\_

Full Name: \_\_\_\_\_

Gender:  Male or  Female or  Other

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address / Shelter Location (if applicable): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## SECTION 2: HOUSING STATUS & BACKGROUND

Check applicable:

Homeless

Staying with friends/family

Shelter

Transitional Housing

Institutional setting (e.g., rehab, hospital, jail)

Other: \_\_\_\_\_

Receiving Benefits:

SSI

SSDI

VA Benefits

Unemployment

None

Other: \_\_\_\_\_

Case Manager / Referral Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## SECTION 3: SUPPORT NEEDS

Support Conditions:

Mental Health Diagnosis

Physical Disability

Developmental Disability

Substance Use Recovery

Age 55 and Up

None

Other: \_\_\_\_\_

Wheelchair-accessible unit needed? (Yes/No): \_\_\_\_\_

Preferred Move-in Date: \_\_\_\_\_

## SECTION 4: PAYMENT & SUPPORT

Rent Payment Responsibility:

Self                       SSI / SSDI                       Payee / Representative

Nonprofit Agency: \_\_\_\_\_

Other: \_\_\_\_\_

Organization / Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 5: ADDITIONAL NOTES / HISTORY

Use this space to share anything else we should know about your housing needs or background:

Applicant Name: \_\_\_\_\_ Orgs/Reps' Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Orgs/Reps Signature: \_\_\_\_\_ Date: \_\_\_\_\_