



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: _____