

“House of cornelius”

Veteran’s Transitional Housing

2825 West Street Apt. # 1 242-1121, Fax:242-1441

Intake Form

Today’s Date: _____				Marital Status Circle one S M D W	
1) Name: _____					
Veteran Y N		DD Form 214			
Service component		Service dates			
Phone:#		Cell#		Message#	
Names of adults living in home:		M	F	SS#	DOB/ AGE
1)					
List ALL Monthly Income: Source and Amount:					
Can you legally drive and do you have a car?		Y	N		
Are you homeless or will you be homeless?		Y	N		

State your current living situation: _____

Use back for more information *** See Instructions on reverse side of this form**

Ethnic Categories* Select one for each person	Select one
Hispanic/Latino	
Non-Hispanic/Non-Latino	

Race Categories* Select for each person	Select one or more
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

There is no penalty for persons who do not complete the form.

Signature _____ Date _____