

I AM Survivor Center

Intake & Application Packet

Transitional Living Program for Women & Children

SECTION 1: Applicant Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Current Address:

Emergency Contact Name:

Relationship:

Emergency Contact Phone Number:

Child Name	Age	Gender	Special Needs

SECTION 2: Housing History

■ Shelter ■ Family/Friends ■ Hotel ■ Own Apartment/Home ■ Other

How long have you been in this situation?

Address	Dates	Reason for Leaving

Reason for Seeking Housing:

Yes No

Describe shared housing experience:

SECTION 3: Safety & Support Needs

DV Situation Yes No

Safety Plan Yes No

Protective Orders Yes No

Explain if yes:

Feel Safe Yes No

SECTION 4: Income & Employment

Employed Unemployed Seeking Student

Employer:

Monthly Income:

Other Income:

SECTION 5: Identification

ID SS Card Birth Certificate Children Birth Cert Income Proof Protective Order Referral

Missing Documents:

SECTION 6: Health & Well-Being

Medical Condition Yes No

Explain:

Medications Yes No

Therapy/PRP Yes No

Details:

SECTION 7: Program Readiness

Why interested?

Goals:

SECTION 8: Move-In Timeline

Desired Move-In Date:

Immediately 2 weeks 30 days Other

SECTION 9: Contact Preference

Morning 8-12 Afternoon 12-5 Evening 5-8

Phone Text Email

SECTION 10: Agreement & Consent

Applicant Name:

Signature:

Date:

SECTION 11: Staff Use Only

Approved Denied Waitlist

Reviewed By:

Date:

Notes:
