



INTAKE FORM			
Client Name: Last, First, Middle		<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III (If Applicable)	
		Maiden Name (If Applicable)	
Date of Birth	Age	Social Security Number	Gender
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Life partner			Spouse's or Life Partner's Name:
Tribal Affiliation:		Enrollment Number:	
Physical Address:		City, State	ZIP Code
Mailing Address		City, State	ZIP Code
Home Phone:		Cell Phone:	Religious Affiliation:
Email Address:			
How do you prefer to be contacted?		<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> N/A Homeless <input type="checkbox"/> Do NOT wish to be contacted	
Guardian/DPOA Contact		Relationship	
Telephone Number		Alt. Phone	
Emergency Contact (1)		Relationship	
Telephone Number		Alt. Phone	
Emergency Contact (2)		Relationship	
Telephone Number		Alt. Phone	
1. What do find is some of your strengths?			
2. What are some of your goals? (1-5 goals)			
3. Who referred you?			
4. What is the highest educational grade completed?		<input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____	
5. Are you interested in returning to school to get your education?			
6. Do you have any financial or legal concerns?			
7. Have you been a victim of a crime? What Crime? Do you have a police report or number?		<input type="checkbox"/> Yes <input type="checkbox"/> No Crime: _____ Police Report Number: _____	
8. At any point, have you had to register as a sex offender?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you consume alcohol or recreational drugs?		If yes, how much?	
10. Do you gamble?		If so, how much?	
11. If yes, to either questions above, are you willing to seek treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Are you ?		<input type="checkbox"/> Disabled <input type="checkbox"/> Assigned a caregiver <input type="checkbox"/> Unable to Work <input type="checkbox"/> On Hospice <input type="checkbox"/> A veteran <input type="checkbox"/> Assigned a legal Guardian <input type="checkbox"/> Deemed a Vulnerable Adult <input type="checkbox"/> Have a child in foster care <input type="checkbox"/> N/A	



Puyallup Tribe of Indians
Adult Services Program

13. Have you had a mental health diagnosis and/or psychiatric assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and diagnosis?
14. Have you been diagnosed with a physical or medical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, diagnosis?
15. Have you been tested for a developmental delay or intellectual disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
16. Do you have Medicaid? Are you willing to apply?	
17. Are you prescribed any medications? If yes, please list the names of medications and the amount prescribed?	Please sign ROI for Prescribing Doctor.
18. Clinic/Provider Name:	Phone:
Medical	
Dental	
Eye	
Mental Health	
Other	
19. Do you need any assistance performing daily living skills? (i.e., eating, bathing, dressing, toilet transferring (walking), and toileting appropriately (continence care), preparing meals, cleaning your home, paying bills, keeping track of finances, taking "as directed" prescribed medications, and leisure activities)	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which ones?
20. What is your primary transportation?	<input type="checkbox"/> Own car <input type="checkbox"/> Family <input type="checkbox"/> Friend(s) <input type="checkbox"/> Public Transit <input type="checkbox"/> Walk <input type="checkbox"/> Other:
21. What Puyallup Tribal services do you utilize?	<input type="checkbox"/> Puyallup Nation Housing <input type="checkbox"/> Higher Education/ Incentives program <input type="checkbox"/> Puyallup Tribal Health Authority <input type="checkbox"/> Kwawachee Counseling Center <input type="checkbox"/> Community Family Services <input type="checkbox"/> Puyallup Tribal Treatment Center <input type="checkbox"/> Crisis Assistance Program <input type="checkbox"/> Extreme Emergency Assistance Program <input type="checkbox"/> Domestic Violence Program <input type="checkbox"/> Child Protective Service <input type="checkbox"/> Wrap Around <input type="checkbox"/> TANF <input type="checkbox"/> N/A (not applicable) <input type="checkbox"/> Other:
22. Do you have a representative payee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, payee contact information?
23. Have you used funding this year from the following programs? If so, how much?	<input type="checkbox"/> CAP _____ <input type="checkbox"/> Elders _____ <input type="checkbox"/> Extreme Emergency Housing _____ <input type="checkbox"/> Other _____
Housing (if you are not looking for housing, please skip to signature)	
24. What is your current housing status?	<input type="checkbox"/> Own my home <input type="checkbox"/> Renting <input type="checkbox"/> Temporary housing <input type="checkbox"/> Homeless
25. Are you currently utilizing the set-aside program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If eligible, I would like to apply for Set-Aside.
26. At any point in time, have you ever lived: outside, in a car, in a tent, in an overnight shelter or in	



someone else's home (i.e. couch-surfing) If yes, when?	
27. Which area would you like to live? If not available, how far will you be willing to travel?	
28. Do you know your credit score?	<input type="checkbox"/> Yes, credit score _____ <input type="checkbox"/> No <input type="checkbox"/> I would like a copy of my credit report
29. What is your monthly income?	
30. What is the maximum amount you can afford to pay monthly? (usually 25%-30% of your income)	
31. Do you have funds for a deposit?	
32. Have you ever been evicted? If yes, when and are you comfortable sharing the reason?	
33. Have you been involved with any crimes that may come up on your background check?	
34. Do you owe any money to a previous landlord? If yes, when and is it in collections?	
35. Is there anywhere you are not legally allowed to reside?	
36. Do you have a felony?	

<u>Monthly Reoccurring Income</u>	
Per Capita	
Employment	
Disability	
SSI	
TANF	
Other:	
Total:	

<u>Monthly Reoccurring Expenses</u>	
Mortgage/Rent	
Homeowners or renters insurance	
Auto insurance	
Life insurance	
Electricity, natural gas, water, garbage	
Car payment	
Public transportation	
Cell phone bill	
Child support or alimony	
Court payments	
Gas	
Other payments	
Total	

