

## Matawa 21 Bed Supportive Housing Unit Intake Form

Personal information	
First Name:	Last Name:
Nickname/alias:	Phone No.:
Email:	Date of birth (MM/DD/YY):

Health and social history
Do you have any allergies?      Yes      No  If yes, please list them:
Do you have any physical or mental health needs?
Are you currently on any medications?      Yes      No  If yes, please list them:
Do you have any pending criminal charges or future court appearances?
Do you use any substances?      Yes      No  If yes, please identify which substances:

Are you currently attending school?    Yes    No  If yes, what is the name of the school?   
Source of income:   

**Emergency contacts**

Please list your emergency contact(s):

Name	Relationship	Phone number

**Community supports**

Please list all agencies and/or organizations that you access regularly:

Organization	Contact

<b>Supporting Questions</b>
Residents of the 21 Bed Supportive Housing Unit must provide their own food. Are you currently able to provide food for yourself, or will you need help to access available food resources in the City of Thunder Bay?
Please list any life goals you would like to work on while residing in the 21 Bed Supportive Housing Unit:

<b>Referral information</b>	
Referring organization:	
Email:	Phone No.:
Additional information:	

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referrer signature: \_\_\_\_\_

Date: \_\_\_\_\_