

Welcome to our community's Coordinated Entry. The information provided on this form will help us determine if you are eligible for Coordinated Entry. Upon receipt, you will be contacted regarding your eligibility. If you are eligible, an Intake appointment will be scheduled. If you are not, we will discuss the reasons for this determination and provide you with information on other resources that may be able to assist. If you have not received a response from us within 10 business days of submission, or if you need help completing this form, please contact us.

Please return via mail, email, fax, or in person to the following:

Housing First, Inc. @ Washington Ave. 279 N. Washington Ave. Building B Mobile, AL 36603	Phone: 251-303-8058 Fax: 251-450-3348 Email: Outreach@hfal.org
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Legal Name (First, Middle, Last):	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fleeing Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Gender (circle): Male Female Transgender	Last 4 Digits of SSN:	Date of Birth:
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Phone Number:	Alternate Number:	Email:
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Is there anyone else in your household? This may be an adult or child who is not currently living with you, but would live with you if you had housing. (Use the back of this page if additional space is needed).

ADULTS

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Veteran: Yes No

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Veteran: Yes No

CHILDREN (Only list children who are now, or would be if appropriate housing was obtained, in your legal custody.)

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Attending school?: Yes No

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Attending school?: Yes No

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Attending school?: Yes No

Name: _____ DOB: _____ Gender: _____ Relationship: _____ Attending school?: Yes No

Is anyone listed above, disabled? Yes No If yes, please provide the initials of the disabled individual(s) in your household: _____

Where did you, and the other members of your household, sleep last night?

Write the initials of each household member next to the place they slept. If all members of the household resided in the same place, you may indicate this by writing "ALL" by this location.

Initials	Location	Initials	Location
	Place not meant for habitation (car, outdoors, abandoned building, etc.)		Hotel/motel (paid for by an AGENCY)...Name of Agency: _____
	Transitional Housing (Sybil Smith, Eagle's Landing, etc.)...Name of Transitional Housing community: _____		Emergency Shelter...Name of Shelter: _____
	Church...Name of church: _____		Jail
	Wings of Life		Friend/relative's house
	Hotel/motel (NOT paid for by an agency)		House/apartment I rent or own

IF YOU ARE STAYING IN THE RESIDENCE OF ANOTHER PERSON OR IN A RESIDENCE YOU RENT/ OWN.....Have you been told by the person with whom you're staying, or received a court ordered eviction, indicating you must leave within the next two weeks? Yes No

Signature

Date

For Staff Use Only

Date Received _____ Appointment(Date/Time) _____ Staff Signature _____

Notes: _____