



# EMERGENCY LODGING INTAKE FORM

## VETERAN INFORMATION

Full Name

COUNTY

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female

BRANCH OF SERVICE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATES OF SERVICE : \_\_\_\_\_ SSN \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Is the veteran accompanied with any other family members Y/N \_\_\_\_\_

If so who? \_\_\_\_\_

STATUS :  Single  Married  Divorce  Others

Current Living Situation Is client currently working with an SSVF provider? Y/N \_\_\_\_\_

Is client enrolled in VA Healthcare? Y/N \_\_\_\_\_

Shelter: Y/N Does client possess any valid form of ID? Y/N \_\_\_\_\_

Outdoors/Street: Y/N Does client need emergency food assistance? Y/N \_\_\_\_\_

Other: Does client have any pets? Y/N \_\_\_\_\_

## REFERRAL AND PLACEMENT DETAILS

Please specify where client referral came from.

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Please specify who did placement.

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## NEXT STEP

Date

Hotel Used

Date Referred to CC SSVF

Please include any additional information relevant to the assistance.

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