

Name of referring party:	Phone Number:
<ol> <li>Is the client able to go up and do</li> <li>Does the client have a document</li> <li>Is the client willing to save 80% of</li> <li>Is the client a registered sex offe</li> <li>Able to comply with program's h</li> <li>Does the client have a history of</li> <li>Client has not been a victim of D</li> <li>Is the client pregnant (client must</li> <li>Client is willing to participate in I</li> <li>Does the client agree to maintain</li> <li>Has the client ever participated in I</li> <li>from their exit date from LH to I</li> </ol>	ted monthly income? □Yes □No of their income. □Yes □No under? (If yes, the client does not qualify for L.H.) □Yes □No nours of operation (in by 5pm and out by 9am) □Yes□ No violent behavior? □Yes □No comestic Violence within the past 3 months. □Yes □No st not be more than 3 months pregnant). □Yes □No biweekly case management. □Yes □No
Name	DOB:
Phone Number:	Primary Language:
	urce of Income: Monthly Amount:
How long has the client been homeless? Currently using drugs or alcohol? □Yes □	No If yes, what is the frequency of use?
Is the client attending an out patient program for their substance abuse?   Does the client have a psychiatric diagnosis?   Yes   No  If yes, diagnosis  Is the client taking psychiatric medication   Yes   No if yes, what   medication	
children? Name/Gender/Age: (1)	e entering Lydia House □Yes □No if yes, how many
Signature (referring party)	Date



