Independent Living Intake Form

Please complete all required fields (*). All information is confidential and used to determine eligibility.

Personal Information

Full Name:*

Age:* Date of Birth:*

Gender (What gender do you identify as?):*

Income Information

Source of Income:* (check one)

- SSI
- SSDI
- Private Pay
- VA Disability Pay
- Community Funded Program
- Other:

If Community Funded Program, specify name and contact info:

Amount of Income per Month:* $

Housing & Contact Information

Where did you sleep last night?:*

Best Contact Number:*

Can you receive text messages on this number?* Yes No

Health Information

Do you have a mental health condition? If so, what?

Are you currently medicated for your mental health condition? If so, what?*

Do you have any physical health conditions? If so, what?*

Are you medicated for your physical health conditions? If so, what?*

Do you use any medical devices? If so, what?*

Housing Preferences

What county are you looking to move in?*

How soon do you need to move in? (Month/Day)*

Eligibility Confirmation

Do you qualify as a single adult?* Yes No

Can you provide proof of verifiable income?* Yes No

Can you provide a copy of your ID?* Yes No

Referral Information

How did you hear about us or where did you find our information?

If you were referred by someone, specify their name:*

Contact Information

First Name: Last Name:

Email:* Phone:*

Your Message:

I agree to the terms & conditions provided by the company. By providing my phone number, I agree to receive text messages from the business.

Signature: Date:

After completing this form, please save and email it to: TElliott@blissfulindependentliving.com