

**Intake Forms for:**

**The Agape Home  
Bellingham, WA**

**Admission Forms for the Agape Home must be completed prior to an appointment regarding admission.**

**Forms will not be completed during admission appointments. Bring completed forms with you.**

**When the forms are complete please contact Agape Home for further information at (360) 733-3796 or (360) 733-5120, ext 135.**

**Forms are available on-line; or at the Mission's Drop In Center, 1013 Holly Street (360) 733-5120, ext 132.**

**Agape Home is not primarily an Emergency Shelter. Housing Preferences will be given to Whatcom County residents, referrals from local Domestic Violence agencies and first-time requests.**

**Space available is not a guarantee of admission;**

**All guests may be asked to submit to drug testing;**

**Some guests may not be appropriate for congregate living; and Agape Home reserves the right to deny services to anyone.**

**Agape Home is a privately funded Christian program and receives no Government or United Way funding.**

**Contact Names: Pat or Christine**

**INTAKE FORM**

**WOMEN & FAMILY SHELTER INTAKE INTERVIEW INFORMATION**

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

**CHILDREN THAT WILL BE LIVING WITH YOU AT THE SHELTER**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

Daycare \_\_\_\_\_

Inoculations up-to-date \_\_\_\_\_

**CHILDREN LIVING ELSEWHERE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Living where? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Living where? \_\_\_\_\_

Is there any reason you would want these children to join you at this shelter? \_\_\_\_\_

**HEALTH HISTORY**

Primary physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Child medical issues \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dental referral needed \_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

Hospital for emergencies \_\_\_\_\_

Health insurance? \_\_\_\_\_

Are you or your children taking any prescribed medications? \_\_\_\_\_

We require that all medications be turned over to staff. Medication is available twice a day Monday through Friday and on Friday we will provide you with the needed dosage for the weekend. We will collect any medication you have after the intake process. Is this acceptable? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Prenatal care providers \_\_\_\_\_

Due date \_\_\_\_\_ Delivery plan while at FS necessary? \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**INTAKE FORM**

**EDUCATION/EMPLOYMENT INFORMATION**

**EDUCATION HISTORY**

Highest grade completed \_\_\_\_\_ Major skills \_\_\_\_\_

Training programs completed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military service \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employment Status:

Employed [  ]

Work Hours:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Flexible \_\_\_\_\_ (attach weekly schedule)  
(attach letter of confirmation of employment)

Unemployed [  ]

Last job ended \_\_\_\_\_ Why? \_\_\_\_\_

Previous employment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed up for Work First? \_\_\_\_\_

Other training started (explain) \_\_\_\_\_

\_\_\_\_\_

Notes:

**INTAKE FORM**

**PSYCHIATRIC HISTORY**

How would you describe your current mental state? \_\_\_\_\_

Current Mental Health providers:

Name:

Address:

Phone:

Contact:

Name:

Address:

Phone:

Contact:

Last psychological evaluation: date \_\_\_\_\_ diagnosis \_\_\_\_\_ service provider \_\_\_\_\_  
Copy provided [ ] If not, explain \_\_\_\_\_

Treatment plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental health court: yes [ ] no [ ]

Treatment plan court ordered? yes [ ] no [ ]

Treatment plan update \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a DV situation? \_\_\_\_\_  
\_\_\_\_\_

DV classes/providers \_\_\_\_\_

Child mental health issues \_\_\_\_\_

Abuse? \_\_\_\_\_

Diagnosis \_\_\_\_\_

How do you express anger? \_\_\_\_\_

Anger or stress management classes \_\_\_\_\_

**OTHER SOCIAL SERVICE PROVIDERS**

DSHS

Case manager's name:

Phone:

Address:

Type of services:

CPS

Case manager's name:

Phone:

Address:

Type of services:

**INTAKE FORM**

**DRUG HISTORY**

		yes	no	First use	Last use
Have you ever used:	Marijuana	[ ]	[ ]	_____	_____
	Alcohol	[ ]	[ ]	_____	_____
	Methamphetamine/ (uppers)	[ ]	[ ]	_____	_____
	Cocaine	[ ]	[ ]	_____	_____
	Heroin/opiates	[ ]	[ ]	_____	_____
	Hallucinogens	[ ]	[ ]	_____	_____
	Other prescriptions	[ ]	[ ]	_____	_____
	Inhalants	[ ]	[ ]	_____	_____

Drug of choice: \_\_\_\_\_

Family history of drug use \_\_\_\_\_

Treatment history:

out patient / in patient / complete / date / place / how long?

Have you been to drug court? Yes [ ] No [ ] Is treatment court mandated? Yes [ ] No [ ]

Current Treatment:

Name:

Address:

Phone:

Contact:

Entry date:

Notes:

**INTAKE FORM**

**LEGAL ISSUES**

Traffic ticket? \_\_\_\_\_  
DUIs (or DWIs)? \_\_\_\_\_  
Driver's license suspended? \_\_\_\_\_  
CPS involvement? \_\_\_\_\_  
Restraining order? \_\_\_\_\_  
Arrests? \_\_\_\_\_  
Misdemeanors? \_\_\_\_\_  
Felonies? \_\_\_\_\_  
Incarcerations? \_\_\_\_\_  
Community service \_\_\_\_\_  
Other \_\_\_\_\_

Attorney  
Name:  
Address:  
Phone:

Are you or have you ever been on probation or parole? (elaborate) \_\_\_\_\_

DOC Number: \_\_\_\_\_

Community Corrections Officer  
Name:  
Address:  
Phone:

Do you have any legal cases pending? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral to legal services needed? \_\_\_\_\_

**INTAKE FORM**

**HOUSING INFORMATION**

Reasons for homelessness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past rental history date completed (done on separate sheet) \_\_\_\_\_

**Service providers:**

Case manager name:

Address:

Phone number:

Case manager name:

Address:

Phone number:

**Evictions:**

Date	Address	Landlord	Phone	Sec 8?	Total owing	Status
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**SPIRITUAL SURVEY**

Are you a Christian? \_\_\_\_\_

What does that mean to you? \_\_\_\_\_

What denomination/religion do you prefer?  
\_\_\_\_\_

Do you have a home church/misc? \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Notes: