



Brehon Family Services

Protecting children. Nurturing families.

Brehon House Intake Form

Referred By: _____ Intake Date: _____

Name: _____ DOB: _____

Marital Status: S M D Separated How Long? _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ SSN: _____

Place of Birth: _____ Racial/Ethnic Background: _____

Present Living Status: _____

Education Level: _____ High School Diploma: ___ Yes ___ No

Attending School: _____ GED: ___ Yes ___ No

Due Date: _____ OBGYN: _____

Baby's Father's Name: _____ DOB: _____

Phone Number: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Education Level: _____

Involved? ___ Yes ___ No

Comments on the Status of the Relationship: _____

Additional Children

Baby's Father's Name: _____ DOB: _____

Phone Number: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____



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Occupation: _____ Education Level: _____

Involved? Yes No

Comments on the Status of the Relationship: _____

Emergency Contact(s):

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____



Background Information

Have you ever been diagnosed with a mental illness? Yes No

If yes, please provide the diagnosis:

When were you diagnosed?: _____

Are you currently taking any medications other than pre-natal vitamins?: Yes No

If yes, please provide medication list:

Have previously taken any medications for a mental illness? Yes No

If yes, Please provide medication list:

If you've previously taken medication for a mental illness but are no longer taking medication, please explain why you stopped:

Is there a family history of mental illness, addiction, chronic illnesses, etc?:

Yes No

If yes, please explain:

Have you had any contact with other social service agencies? (Ex. Department of Children and Family Services, WIC, Health Department, Kearney Center, etc.)

Yes No

List: _____



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How long were you involved?:

Are there any current or past DCF cases? Yes No

If yes, please

explain: _____

Have you ever been arrested or convicted of a crime? Yes No

If yes:

Are charges still pending? Yes No

Charges: _____

Date(s) of
arrest/conviction: _____

Previous Housing:

Last address: _____

City: _____ State: _____ Zip: _____

Last time you were in permanent and/or stable housing?:

Have you ever had a lease in your name?: Yes No

If Yes, Where?: _____

How long did you reside there?: _____



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Are there any evictions on record? Yes No

If Yes:

When was the eviction? _____

Where was the eviction?: _____

Cause for
eviction?: _____

Is there still an outstanding balance due to the landlord?: Yes No

If Yes, how much is owed?: _____

Multiple evictions? Yes No

If yes:

When was the eviction? _____

Where was the eviction?: _____

Cause for
eviction?: _____

Have you ever stayed in a transitional housing agency and/or homeless shelter previously?:

Yes No

If yes, when?: _____

Where?: _____

How long was the stay?: _____

Can we call them for a reference?: Yes No

Do you have any disabilities? Yes No If yes, please explain:



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Have you ever participated in counseling? Yes No

If yes, where were you receiving counseling? _____

How long were you enrolled in counseling services? _____

Did you find counseling helpful? Yes No

Please explain: _____

How are you financially supported now?:

When was the last time you worked with a company for more than 6 months?:

Do you have any outstanding debts? Yes No
If yes, how much is owed?: _____

Who is the debt owed to?: _____

How long has the debt been owed?: _____

| Public Assistance | Applied | | Status | | | |
|-------------------|---------|---|---------|-----------|--------|-----------|
| | Y | N | Pending | Receiving | Denied | On Appeal |
| SSI/SSDI | Y | N | Pending | Receiving | Denied | On Appeal |
| Food Stamps | Y | N | Pending | Receiving | Denied | On Appeal |
| TANF | Y | N | Pending | Receiving | Denied | On Appeal |
| WIC | Y | N | Pending | Receiving | Denied | On Appeal |
| Other (specify) | Y | N | Pending | Receiving | Denied | On Appeal |



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Employment History- List most recent employer **FIRST**:

| Dates | Company | Position | Reason for leaving |
|-------|---------|----------|--------------------|
|-------|---------|----------|--------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

References (**at least two required references**):

Name: _____

Number: _____

Relationship to you: _____

How long have you known them?: _____

Name: _____

Number: _____

Relationship to you: _____

How long have you known them?: _____

Name: _____

Number: _____

Relationship to you: _____

How long have you known them?: _____



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Homeless Verification Form

Personal Statement

Name: _____

Current Living Situation:

Outside, street, park

Private residence

Shelter

Other (specify) _____

Where have you been sleeping the past week, month, and past six month period?

Week:

Month:

Six months:

How have your meals been provided?:

Where do you receive your mail?:

Where do you keep your personal possessions?:



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I, _____, verify that I am without appropriate or adequate housing opportunities. I further state that my present living arrangement is temporary and I have no place at which I can relocate to at the present time.

Applicant's Signature

Date



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Applicant's Name: _____

Date: _____

1. What are your reasons for applying to Brehon House?

2. How did you learn about our program?

3. What type of services do you expect to receive here?

4. Please describe the reasons you find yourself homeless or no longer able to reside at your former address or with family?

5. What previous programs/services have you had?
 - a. What did you like about them?

 - b. What didn't you like?

 - c. What did you get from the program/service/family?