ZA'KIYAH HOUSE - INTAKE FORM

Date: _____

PERSONAL INFORMATION
First Name: _____
Social Security Number: _____
Current Residence: _____
How long have you lived at this address? _____
Previous Residence: _____
Telephone: _____
Work Phone: _____ Ext: _____
Cell Phone: _____
When do you need housing? _____
Previous County of Residence: _____
Have you ever lived in EECM or Heuer House? Y / N
If so, when? _____
Do you receive case management services? Y / N
If so, who is your provider? _____

IDENTIFYING DATA
Age: _____ Race: _____ Date of Birth: _____
Gender: _____ Born As: _____ Marital Status: _____

INCOME & INSURANCE
What is your income? _____
Are you able to pull the stairs? Y / N
When do you receive your income? _____
What is your insurance? _____
Insurance Number: _____
Are you an Allegheny County Resident? Y / N
(Once you switch your insurance, don't hesitate to give us a call back.)

SUBSTANCE USE & MENTAL HEALTH
Do you attend Drug & Alcohol Treatment? Y / N Where? _____
For how long? _____
Are you or have you been on MAT? Y / N If so, what? _____
Prescribed Medications: _____

DIRECTIVES IN CASE OF DEATH
What are your directives? _____
Who should we contact? _____

EMERGENCY CONTACT
Name: _____
Telephone: _____
Address: _____

PREVIOUS LIVING SITUATION & EMPLOYMENT STATUS
Employment Status: _____
Presenting Problem: _____
Why are you seeking Housing? _____

SUBSTANCE ABUSE HISTORY
- Heroin: Y / N
- Crack: Y / N
- Alcohol: Y / N
- Marijuana: Y / N
- Prescription Medications: Y / N
- Other: _____
- Dual Diagnosis: Y / N
- Do you use intravenous drugs? Y / N
- Do you snort drugs? Y / N

CRIMINAL CHARGES & LEGAL STATUS
- Cigarettes: Y / N
- Probation/Parole: Y / N
- Fines Owed: Y / N
- Probation Officer Name: _____
- Probation Office Telephone: _____
- No Income: Y / N

COUNSELING & MENTAL HEALTH SERVICES
Do you attend Group or Individual Counseling? Y / N (Circle One)
Medical Insurance? Y / N If yes, please identify: _____

SERVICES REQUESTED
- Anger Management: Y / N
- Drug & Alcohol or Mental Health Counseling: Y / N
- Parenting Support: Y / N
- Job Readiness Assistance: Y / N
- Life Skills: Y / N
- Budgeting Techniques: Y / N
- GED Preparation: Y / N
- Housing Support: Y / N
- Social Skills Development: Y / N
- Other Services Requested: _____

REFERRAL INFORMATION
(To be completed by referring agency; please do not leave blank or resident may not be accepted.)
Referring Agency: _____
Referring Person's Name: _____
Referring Person's Email: _____
Agency Address: _____
Agency Telephone: _____

RESIDENT STAY & FOLLOW-UP
Date Prospective Resident Arrived: _____
Discharge Date: _____
Follow-Up Outpatient Appointment Date: _____
(All appointments should be booked 5 days out from the arrival date.)
Follow-Up Provider Name: _____
Provider Address: _____
Provider Telephone: _____

ZA'KIYAH HOUSE POLICY ACKNOWLEDGMENT
Za'Kiyah House is a 3/4 recovery house, and all residents are required to attend NA/AA meetings regularly. A meeting list will be provided, or residents may seek recovery support through other means (e.g., church, IOP, OP). This rule is non-negotiable. Failure to comply will result in immediate discharge.

Resident's Signature: _____ Date: _____
Staff Signature: _____ Date: _____
Housing Manager: _____ Date of Approval: _____
Housing Unit: _____ Bed: _____

INTERNAL USE
- Ensure the applicant has (ASAM, level of care) assessment.
- Follow up before the end of your shift.
- All staff should place the intake form in the file box for Tanika.
Recommendation: _____
Program Applied For: _____