

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_



Completed by: \_\_\_\_\_

### Participant Initial Application

#### Basic Information:

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Apt/Motel: \_\_\_\_\_

Ph #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Ph#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Detailed Messages OK: Y or N

Best contact time: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Ph #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Ph #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Marital Status:**  Single  Committed Relationship  Married  Widowed  Separated  Divorced

**Current Status:**  Active DV  Current WA ID  Disabled  Homeless  U.S. Citizen  Veteran

#### Initial Barriers/Needs:

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Addiction      | <input type="checkbox"/> Basic Needs    | <input type="checkbox"/> Budget/Credit    | <input type="checkbox"/> Cognitive/Life Skills | <input type="checkbox"/> Criminal History |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> DSHS/SS Benefits | <input type="checkbox"/> Education/Training    | <input type="checkbox"/> Employment       |
| <input type="checkbox"/> Homeless       | <input type="checkbox"/> Housing        | <input type="checkbox"/> ID/Licensing     | <input type="checkbox"/> Immigration           | <input type="checkbox"/> Insurance        |
| <input type="checkbox"/> Legal          | <input type="checkbox"/> Mental Health  | <input type="checkbox"/> No Income        | <input type="checkbox"/> Physical Health       | <input type="checkbox"/> Spirituality     |
| <input type="checkbox"/> Social/Family  | <input type="checkbox"/> Transportation | <input type="checkbox"/> Veteran Services |  |   |

Highest Year of School attended: \_\_\_\_\_ Diploma: \_\_\_\_\_ GED: \_\_\_\_\_

Have you completed initial intake with Dept of Social and Health Services?  Yes  No

- If No... When? \_\_\_\_\_
- If yes, what housing voucher or programs will you qualify for?

**Income Source:**  DOC  County Funding  HEN

Who is your point of contact? \_\_\_\_\_

FRESH Start Verified Income Source \_\_\_\_\_

If you are ineligible for Housing Assistance, where are your program fees coming from:

Private Pay  Other \_\_\_\_\_

**OTHER FINANCIAL OBLIGATIONS**

Garnishments: \_\_\_\_\_ Amount: \_\_\_\_\_  
Restitutions: \_\_\_\_\_ Amount: \_\_\_\_\_  
Fines/Fees: \_\_\_\_\_ Amount: \_\_\_\_\_

**LEGAL OBLIGATIONS**

Legal: Convictions, Dates, Probation officer

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**BASIC HEALTH INFORMATON**

Drug/Alcohol History: Drug of choice: \_\_\_\_\_  
Treatment date & location: \_\_\_\_\_

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Mental Health Tx: Diagnosis, provider, medications:

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Allergies:

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Other Health issues:

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Last medical physical exam: \_\_\_\_\_

**NOTES**

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