

## INDEPENDENT LIVING PRESCREEN / WAITLIST FORM

**Full Name**

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**Phone Number**

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**Email Address (optional)**

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**Age**

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**Gender:**

- Male
- Female
- Prefer not to say

**Preferred Move-In Date**

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**Housing Preference:**

- Shared Room
- Private Room

**Source of Income (check all that apply):**

- SSI / SSDI
- Employment
- Retirement
- Agency Pay
- Other: \_\_\_\_\_

**Can you verify this income?**

- Yes
- No

**Monthly Income Amount**

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**What is your monthly budget you are willing to pay for room rent?**

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**When will funds be available for move-in?**

- Immediately
- Within 1-2 weeks
- Within 30 days
- Not sure

**Do you have a case manager?**

- Yes
- No

**If yes, Case Manager Name & Agency**

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**Current Living Situation (check one):**

- Shelter
- Treatment Facility
- With Family or Friends
- Currently Unhoused
- Other: \_\_\_\_\_

**Please list any mental or physical health diagnoses that may impact housing or daily living**

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**Are you fully independent in daily living activities (able to cook, bathe, manage personal care, and complete daily tasks without assistance)?**

- Yes
- No

**If no, please briefly explain what assistance is needed**

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**Support Needs (check all that apply):**

- ID Assistance
- SNAP / Benefits Assistance
- Employment Support
- Transportation Resources
- Healthcare / Medicaid Assistance

Other: \_\_\_\_\_

**Briefly describe your situation and why you are seeking housing**

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**How did you hear about this program?**

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