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**Are you requesting emergency shelter services?**  Yes  No

**What is your household composition? (e.g., do you have dependent children, or a partner that you live with?)**

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**Where did you sleep last night? Indicate below**

Abandoned building, Camp, Car, Emergency Shelter (List name below), Motel/Hotel paid by an agency, Movie Theater, Park, Public place, Tent, Transitional Housing (List name below), Street or Alley, Under a bridge, Other, Apartment,since evicted, Apartment/house I rent, Apartment rented for me, Friend/relatives house, Home owned,since evicted, Hospital

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**Why do you have to leave the place where you slept last night? (e.g., problems with landlord, owe back-pay on rent/utilities, violence?)**

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**When do you have to leave (where you are staying)?**

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**Are you facing any immediate danger at the place you are currently sleep?**  YES  NO

**What is your relationship to the person who gave you a place to stay last last?**

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**If the person who gave you a place to stay allows you to continue to stay overnight, will that person put her/his own housing in jeopardy? (violating lease)**

YES  NO

**Are you paying anything at the place you were staying last night?**  YES  NO

**Is there something we could assist you with, that would make it possible for you to continue staying there? Indicate below**

Air fare, Crisis Intervention, Eviction Prevention Legal Assistance, Landlord/tenant dispute resolution, Local bus fare, Long distance bus fare, Rent payment assistance, Taxi fare, Utility assistance

**Is there anyone (in or out of the area) who you can stay with temporarily?**  YES  NO

**Do you receive income?**  YES  NO

**Total Monthly Income**

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**(If client receives income) What day do you receive you next check?**

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**What is your current county of residence? Indicate below**

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Other, Santa Rosa, Taylor, Wakulla, Walton, Washington

**If other, please specify the county**

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**Zip Code of Current Residence**

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**If we can't house you where will you stay tonight?**

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**Where do you have your personal belongings?**

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**How much money do you have available right now?**

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**What barriers to housing do you face? (e.g., criminal background, debt, evictions, etc.)**

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**If you have a phone number we can reach you at, please enter it here.**

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**Client E-mail Address**

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STAFF QUESTIONS

**Would this client be able to be diverted during regular service hours (8:30 am to 4:30 pm M-F) ?**

YES    NO

**Was the client/Household Diverted?**

YES    NO