



Epi-Care Inc
Independent Living Program
Empowering Independence, Enhancing Lives
(404) 850-3650

Independent Living Program-Referral Intake Form

CURRENT HOUSING AVAILABILITY:

Men's Residence— Accepting Referrals
Women's Residence — Accepting Referrals
Co-ed Residence — Accepting Referrals

CLIENT INFORMATION:

Client Name: _____
Date of Birth: _____ Age: _____
Gender: Male or Female
SSN: _____
Phone: _____
Email: _____

INCOME & PROGRAM INFORMATION:

Primary Income Source: _____
Monthly Income: \$ _____
Housing Program (VA / SSVF / HUD-VASH / Other): _____
Case Manager / Program: _____

ELIGIBILITY SCREENING:

Independent Living Skills? Yes ____ No ____
Can Follow House Rules? Yes ____ No ____
Recent Violence (within 12 months)? Yes ____ No ____
Active Case Management? Yes ____ No ____
Maintains Clean Space? Yes ____ No ____

PLACEMENT MATCH:

Matches Availability: Yes ____ No ____
Requested Move-In Date: _____
Urgency: High ____ Medium ____ Low ____



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REFERRAL SOURCE INFORMATION:

Agency Name: _____
Case Manager: _____
Phone: _____
Email: _____

ADDITIONAL NOTES:

REFERRAL AUTHORIZATION:

I certify that the above information is true and accurate.

Signature: _____ Date: _____

PROGRAM CONTACT:

Epi-Care Inc
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Website: www.epi-care.org