



## OAKTREE COMMUNITY HOMES, LLC INTAKE APPLICATION

OakTree Community Homes, LLC complies with the Fair Housing Act and does not discriminate for housing services based upon disability, race, familial status, national origin, religion, or color of skin.

Completed Applications will be screened upon submission. Submit completed applications to: [info@oaktreecommunityhomes.com](mailto:info@oaktreecommunityhomes.com) or Fax: 1-800-590-7990.

**REFERRAL SOURCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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### **CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_\_ ID/DL#: \_\_\_\_\_ Sex: ( ) Male ( ) Female ( ) Other

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Other

### **EMERGENCY CONTACT(S):**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

(2). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**CLIENT NEEDS**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Housing               | <input type="checkbox"/> Education                | <input type="checkbox"/> Taking Medication            |
| <input type="checkbox"/> Paying Rent/Utilities | <input type="checkbox"/> Mental Health Services   | <input type="checkbox"/> Cleaning                     |
| <input type="checkbox"/> Securing Benefits     | <input type="checkbox"/> Opening a Bank Account   | <input type="checkbox"/> Health and Wellness Services |
| <input type="checkbox"/> Medical Care          | <input type="checkbox"/> Hygiene                  | <input type="checkbox"/> Legal Assistance             |
| <input type="checkbox"/> Shopping & Meals      | <input type="checkbox"/> Substance Abuse Services |   |
| <input type="checkbox"/> Money/Debt Management |   |   |

**EMPLOYMENT HISTORY**

Are you currently employed? Yes ( ) No ( )  
If so, Employer name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
If not, what are your current employment plans, if any? \_\_\_\_\_  
\_\_\_\_\_

**LIFESTYLE**

Are you a smoker? ( ) Yes ( ) No  
Do you have any pets? ( ) Yes ( ) No  
Are you physically independent? ( ) Yes ( ) No.  
Are you neat, casual or disorganized? \_\_\_\_\_  
Are you an early bird or night owl? \_\_\_\_\_  
Do you typically clean on a regularly or seldom? \_\_\_\_\_  
What are your social preferences; home body or social? \_\_\_\_\_  
What other information do you think is important for us to get to know you better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSING HISTORY**

Have you ever rented an apartment? ( ) Yes ( ) No

Have you ever owned a home? ( ) Yes ( ) No

Have you ever been faced with an eviction? ( ) Yes ( ) No

**BEHAVIORAL HISTORY:**

History of suicide attempts/gestures/ideations? ( ) Yes ( ) No . If yes, explain:

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History of violent/assaultive behavior? ( ) Yes ( ) No. If yes, explain:

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History of malicious behavior such as fire setting or retaliation? ( ) Yes ( ) No. If yes, explain:

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**SUBSTANCE USE HISTORY:**

History of alcohol or drug use? ( ) Yes ( ) No. If yes, please be specific:

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Date of Last Use: \_\_\_\_\_ Longest period of abstinence? \_\_\_\_\_

Types of substance abuse treatment received in the past. (IP, OP, Rehab, Residential, etc.)  
*(please specify dates to the best of your knowledge)*

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**LEGAL INFORMATION**

Pending Cases: ( ) Yes ( ) No  
Current Probation: ( ) Yes ( ) No  
Probation Officer Name: \_\_\_\_\_  
Probation Officer Number: \_\_\_\_\_  
Probation Officer Email Address: \_\_\_\_\_  
Previous Involvement with Criminal Justice System: ( ) Yes ( ) No  
If so, number of arrest: \_\_\_\_\_  
Criminal Justice Contact Name: \_\_\_\_\_  
Criminal Justice Phone: \_\_\_\_\_  
Are you required to register as a sex offender? ( ) Yes ( ) No

**HEALTH CONCERNS/CURRENT HEALTH CONDITIONS:**

Have you ever been diagnosed or treated for any of the following? Check all that apply and explain below.

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Hyponatremia                     |
| <input type="checkbox"/> Blood Pressure         | <input type="checkbox"/> Kidney Disease                   |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Liver Disease                    |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Muscular/Skeletal Problems       |
| <input type="checkbox"/> Eating Disorders       | <input type="checkbox"/> Pancreatitis                     |
| <input type="checkbox"/> Gait/Balance Problems  | <input type="checkbox"/> Respiratory Problems             |
| <input type="checkbox"/> Gynecological Problems | <input type="checkbox"/> Seizure Disorder                 |
| <input type="checkbox"/> Hearing Problems       | <input type="checkbox"/> Sexually<br>Transmitted Diseases |
| <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Sleep Problems                   |
| <input type="checkbox"/> Heart Attack           | <input type="checkbox"/> Thyroid Problems                 |
| <input type="checkbox"/> Endocarditis           | <input type="checkbox"/> Tuberculosis                     |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Ulcer                            |
| <input type="checkbox"/> Hepatitis A, B, or C.  | <input type="checkbox"/> Vision Problems                  |
|   | <input type="checkbox"/> Mental Illness Disorder          |
|   | If so, explain _____                                      |
|   | <input type="checkbox"/> Other: _____                     |

Briefly explain any medical condition (s) identified above.

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List ALL prescription and over the counter medications you are currently taking.

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**ECONOMIC RESOURCES:**

Type(s) of assistance you are currently receiving.

SSI - ( ) Amount per month? \_\_\_\_\_. SSDI - ( ): Amount per month? \_\_\_\_\_

Welfare - ( ): \_\_\_\_\_. Food Stamps ( ): \_\_\_\_\_

Medicaid ( ) Yes ( ) No Medicaid #: \_\_\_\_\_

Medicare? ( ) Yes ( ) No Medicare #: \_\_\_\_\_

*How will you pay for accommodations while staying at Progressive Living?*

SSI [ ]

SSDI [ ]

Private pay [ ]

**OTHER STATE /PROVIDER AGENCY INVOLVEMENT**

Are you currently working with an agency, case manager or sponsor? ( ) Yes ( ) No

If so, what are your worker's name and phone number? Name: \_\_\_\_\_

Phone: \_\_\_\_\_

What are your goals for the next six (6) months, and how do you plan to accomplish them?

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I, \_\_\_\_\_ agree to submit a Criminal background check through Apartments.com (formerly Cozyco).

*\*\*\*Criminal Background Checks are conducted at a cost of \$25.00 at the time of application. There is also a one-time non-refundable \$200 fee which covers administrative costs, maintenance, and cleaning for the entirety of each stay. This is due prior to or on day of moving in.\*\*\**

Client Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**OATREE COMMUNITY HOME, LLC**  
600 N. Broad St, Ste 5 Middletown, DE 19709.  
Phone/Fax: 1-800-590-7990  
[info@oaktreecommunityhomes.com](mailto:info@oaktreecommunityhomes.com)  
[www.oaktreecommunityhomes.com](http://www.oaktreecommunityhomes.com)