



At Tuc's Place Application

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425 788 6835

Email Application to:
Attucsplace@gmail.com

Date: _____

Client Intake Information

Name: _____

E-mail: _____

Can you read? _____ Write? _____ Fill out forms? _____ Need assistance? _____

Birth Date: _____ Age: _____ Phone: _____

Agency that works with you: _____

Email: _____ ID Card: SS card:

Working/ Income: DOC Housing Voucher HARP Funding SSI: SSDI: Other:

Healthcare Medicaid: State Health: Are you a Vet: Other: _____

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present? _____ Please list.

Alcohol issues? _____

Do you receive services? _____

Where? _____

Other treatment? _____

Housing history

Current address: _____

Contact person: _____

Times you lost housing and why? _____

Left a property owing money? _____ Why? _____

Children and ages: _____

Relative Contact – name and number _____

Incarceration or Arrest history

Any charges pending? _____ Charge _____

County _____ Status _____

Charge _____

County _____ Status _____

DOC Number _____

Are you working with any organization or case managers? _____

Are they helping with resources? _____

Work history.

Are you working or looking for work? _____ Type? _____

Do you plan on attending school or training? _____

What type of education? _____

Volunteer work? _____

Emergency Contacts/Family or friends

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

What should we know about you to assist you? Please feel free to write comments.

Any potential habits we need to be aware of for housing success? Examples, snoring, light sleeper, pace, foot tapping, etc.

Support person's name _____

Support person's Signature _____

Support person's contact info _____

Best way to contact you? _____

Print name _____

Resident Signature _____

Date _____

Feel free to add anything else you wish us to know.

