



JOY&US LLC – Intake & Referral Form

SECTION 1: Applicant / Client Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Age: _____

Phone Number: _____

Email Address: _____

SECTION 2: Referral Source

Are you completing this form on behalf of someone else?

☐ Yes ☐ No

Agency / Organization Name: _____

Case Manager / Social Worker Name: _____

Phone: _____

Email: _____

SECTION 3: Housing & Support Needs

Primary reason for seeking housing: _____

Is the applicant able to live independently with minimal support?

☐ Yes ☐ No

Can the applicant climb one full flight of stairs independently and without assistance?

☐ Yes ☐ No

Does the applicant require 24-hour supervision, medical care, or medication management?

☐ Yes ☐ No

SECTION 4: Behavioral & Safety Screening

Any history of violence within the past 12 months?

☐ Yes ☐ No

Any active substance use concerns?

☐ Yes ☐ No

Any pending legal issues or probation/parole?

☐ Yes ☐ No

SECTION 5: Financial Information

Primary Income Source: _____

Approximate Monthly Income: _____

Will an agency assist with payment?

☐ Yes ☐ No

SECTION 6: Housing Preferences

Private room preferred

☐ Yes ☐ No

Shared room acceptable

☐ Yes ☐ No

SECTION 7: Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

SECTION 8: Acknowledgment & Consent

I certify that the information provided is accurate. Submission does not guarantee placement.

Name: _____

Signature: _____

Date: _____