Macnificent Living Transitional Housing
Resident Intake Form

Please complete each section. Write N/A where a question does not apply.

HOUSE DETAILS	
House Name	
Room #	
Move-In Date	
Rent Amount	$
Fee/Deposit	$
End of Probation	
CONTACT DETAILS	
First Name	
Middle Name	
Last Name	
Nickname	
Phone #	
Email	
Date of Birth	
SSN/ITIN #	
ID/CDL #	
Military ID #	
Marital Status	
Spouse's Name	
Spouse's Phone	
FINANCIAL DETAILS	
Monthly Income 1	$
Source 1	
Monthly Income 2	$
Source 2	
Other Monthly Income	$
Available Savings	$
Cell Phone Expense	$
Car Loan Expense	$
Other Expenses	$
Total Monthly Expenses	$
EMERGENCY CONTACT INFORMATION	

Contact #1 First Name	
Contact #1 Last Name	
Contact #1 Phone #	
Contact #1 Email	
Contact #1 Relationship	
Contact #2 First Name	
Contact #2 Last Name	
Contact #2 Phone #	
Contact #2 Email	
Contact #2 Relationship	
MEDICAL INFORMATION	
Medical Insurance	
Provider	
Health Card #	
Provider Contact #	
Do you have any allergies or dietary restrictions?	
List medications:	
List food / beverages:	
Other:	
Do you have any chronic medical issues we should be concerned about? (Example: Diabetes, COPD, etc.)	
Do you have any special medical equipment?	
Are you currently experiencing any of the following symptoms? ☐ Fever ☐ Dry Cough ☐ Flu-like Symptoms	
RESIDENT FIT DETAILS	
Can you walk independently? ☐ Yes ☐ No ☐ Sometimes	
Explain if needed:	

Can you participate in household cleaning and chores? ☐ Yes ☐ No ☐ Sometimes
Explain if needed:
Can you bathe and dress yourself? ☐ Yes ☐ No ☐ Sometimes
Explain if needed:
Do you bathe every day? ☐ Yes ☐ No ☐ Sometimes
Explain if needed:
Do you have any issues with bladder control? ☐ Yes ☐ No ☐ Sometimes
Explain if needed:
Do you smoke? ☐ Yes ☐ No
Explain if needed:
Are you recovering from any addiction that we should be aware of? ☐ Yes ☐ No
Explain if needed:
What is your normal bedtime?
Explain if needed:
Do you work or volunteer anywhere?
Explain if needed:
Do you have any regular medical appointments? Please explain.
List food items you do not like:

List your favorite foods:
List activities you enjoy doing:
List concerns you may have living with a roommate:
List anything else we should be concerned about:

PROBATION DETAILS	
Are you on Probation or Parole? ☐ Yes ☐ No	
If yes, provide information:	
Probation / Parole Officer Name	
End Date	
Probation / Parole Contact #	
CDC #	
SIGNATURES	
Applicant Signature	
Today's Date	