



Coordinated Entry Preliminary Intake and Assessment

The information provided on this form is the first step for coordinated entry. Completion of this form does not guarantee assistance. If you qualify, an intake appointment will be scheduled. If you do not qualify, we will tell you the reasons why and provide you with information on other resources that may be able to help. If you have not received a response from us within 5 business days of submission, or if you need help completing this form, contact us.

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____ **Last 4 Digits of SSN:** _____

Military Veteran: Yes No **Gender:** Male Female Transgender (MtoF) Transgender (FtoM)
 Gender non-conforming

Telephone Number: _____ **Alternate Number:** _____ **EMAIL:** _____

Best way/place to find: _____

Household composition: Single Adult Couple Unaccompanied Minor Family with minor child
Number Adults in Household _____

Adult(s): **Name:** _____ **Date of Birth** _____ **Gender** _____
Veteran Yes No
(Please list other adults on the back with Name, DOB, Gender and Veteran Status)

Number Children in Household: _____ (If minor children please lists child's initials, age and gender):

1. Is anyone listed above disabled? Yes No, 2. Are you safe where you are currently staying? Yes No
3. From the following choices which best describes the last place you lived in a house or apartment:
 Pensacola North Escambia County South Escambia County Don't Know
 Pace/Milton North Santa Rosa County South Santa Rosa County Refused
 Florida but outside of Escambia or Santa Rosa Counties Out of State

4. Where did you and other members of your household sleep last night? (Please check)

	Location		Location
	Place not meant for habitation (car, park, abandoned building)		Transitional Housing (i.e. Loaves and Fishes, Lakeview) Agency:
	Emergency Shelter (i.e. Salvation Army, Waterfront) Agency:		Jail
	Hospital/Mental Health Facility Name:		Friend/relative's house
	Hotel/Motel (NOT paid by an agency)		Hotel/Motel (paid by an agency) Agency:
	House/Apartment I rent or own		Other:

5. Have you been told by the person with whom you're staying, or received a court ordered eviction indicating you must leave within the next two weeks? Yes No within the next 72 hours? Yes No

Signature _____ **Date:** _____

PLEASE RETURN VIA MAIL, EMAIL, FAX OR IN PERSON TO THE FOLLOWING:
Opening Doors Northwest Florida, Inc. 3702 N. Pace, Pensacola FL 32505
Phone: 850-439-3009 Fax: 850-436-4656 Email: ce@ecoh.org