



## Appendix 3.3 JSHP Hotel Intake Form

Date of admission:  
Referring shelter:

JSHP Advocate:

1. Resident's full name:

DOB:

2. Complete HUD reporting form.

3. Address before coming to shelter or hotel:

(Note: This is NOT the shelter where someone might have stayed. It is where the person lived prior to coming to shelter. If homeless, indicate city and county where the participant slept or lived.)

Cell phone #:

Emergency Contact (name and #):

4. Information about the person who has abused the participant:

Name:

DOB if known:

Relationship:

5. What is the situation that caused the participant to seek shelter? (use reverse side if necessary)

6. Make, model, license number, description of any vehicle with the participant

7. Any immediate needs, including interpreter services, emotional support, medical issues or special dietary needs?