Upstate Permanent Supportive Housing
Rental Assistance Intake Form

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES

Name: _____ Date: _____

Date of Birth: _____ Social Security Number _____

Referring Agency: _____ Referral Person: _____

Case Manager: _____ Telephone Number: _____

Current Residence if Any: _____

Telephone Number or Other Means of Contact: _____

Alternate means of Contact: _____

☐ Copy of referral is attached

Current Living Situation (please check one)

- ☐ Non-housing (street, car, park, etc.)
- ☐ Emergency Shelter
- ☐ Transitional housing after having been homeless
- ☐ At risk of homelessness

Is documentation to support the individual's homeless status attached? ☐ Yes ☐ No

What is the qualifying disability?

Is documentation from a professional qualified to make a disability determination attached? ☐ Yes ☐ No

Name of the most recently completed treatment program:

Name of program currently attending (if applicable):

Individual's Demographics:

Ethnicity

☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Race

☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black/African American
☐ Other Multi-Racial

Special Needs Program Qualifications: (For primary program participant only, please check all that apply):

☐ Alcohol Abuse ☐ Drug Abuse

Other (check all that apply)

☐ Developmental Disability
☐ Physical Disability
☐ Domestic Disability
☐ Mental Illness
☐ HIV/AIDS and related diseases
☐ Other (please specify)

Total Monthly Income from each of the following sources:

Supplemental Security Income (SSI) _____
Social Security Disability Income (SSDI) _____
Social Security _____
General Public Assistance _____
Temporary Aid to Needy Families (TANF) _____
Child Support _____
Veteran's Benefits _____
Employment Income _____
Unemployment Income _____
Medicare _____
Medicaid _____
Food Stamps _____
Other (please specify) _____

☐ No Financial Resources

Bank Accounts:

Type of Account	Bank Name and Address	Amount
☐ Checking	_____	_____
☐ Savings	_____	_____

Other Assets: _____

I certify that all of the information included in this application is true and correct

Applicant Name: _____

Signature _____ Date: _____

The following documentation should be included with this form:

- Signed Release of Information form
- Form of identification with photo (i.e., driver's license, non-driver's license)
- Documentation of income (i.e., SSI/SSD, PA, pay stubs, etc.)
- Documentation of disability (letter from treatment provider, primary care provider, signed by professional qualified to make the diagnosis)
- Documentation of homelessness or at-risk of homelessness (i.e., letter from DSS; letter from emergency shelter; biopsychsocial)