**BREIF CHECK LIST FOR POTENTIAL RESIDENT**

**Potential Resident of THE KINDRED CENTER**

**Print Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_**

**Identified Gender: Male 🞎 Female 🞎 Age: \_\_\_\_\_ Birth Date: \_\_\_\_-\_\_\_\_-\_\_\_\_**

**Identified Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all that apply and email it to the intake specialist:**

1. **Are you homeless, transitioning, probation or parole, and/or veteran 🞎**
2. **Is your income below the 50% or 60% income median 🞎**
3. **Are you working to be clean and sober 🞎**
4. **Are you willing to attend and participate in daily and weekly groups and/or meetings 🞎**
5. **Are willing to adhere to random drug testing 🞎**
6. **Are willing to adhere to all the rules and policies that govern The Kindred Center 🞎**
7. **If able to work, will you commence to daily job searches to better your quality of life 🞎**
8. **What type of housing are you looking for 🞎 Permanent or 🞎 Short term**
9. **Are currently receiving disability or some type of supplemental income to adhere to rental agreement such as SSI/SSID/GI BILL 🞎**
10. **If not currently receiving supplemental income have you started the process 🞎**
11. **If unable to start the process, are willing to immediately apply for supplement benefits to adhere to the rental policy 🞎**
12. **Do you take medication including psychotropic medication 🞎**
13. **Are willing to live in shared rooms 🞎**
14. **You must maintain respect for yourself and others with whom you live with 🞎**