



Care Complex Assistance Intake Application

Please fill out the form completely. Incomplete applications will not be considered.

Care Complex provides assistance to individuals who are employed or actively seeking employment. Priority will be given to those on the path to employment due to our mission and limited resources. Exceptions will be made in extenuating circumstances.

Personal Information:

Full Name: _____

Date of Birth: _____ **Phone Number:** _____

Email Address: _____

(Note: If you do not have an email, please visit the Care Complex computer lab to set one up.)

Employment Status:

- ☐ Currently Employed
- ☐ Seeking Employment
- ☐ Other (Please explain): _____

(Note: Clients who are currently employed or seeking employment will be given priority.)

Insurance Information:

Do you have insurance?

☐ Yes

☐ No

If yes, what insurance provider & what state? _____

Children:

- **Do you have children?**
 - ☐ Yes
 - ☐ No
- **If yes, are your children currently in your care?**
 - ☐ Yes
 - ☐ No

Homelessness Experience:

Why and how long have you been experiencing homelessness?



Services You Are Requesting Assistance With:

Please check all that apply:

- ☐ **Clothing**
- ☐ **Grooming Services**
- ☐ **Resume and Career Assistance**
- ☐ **Medical Services**
- ☐ **Mental Health Support**
- ☐ **Bus Passes**
- ☐ **Locker Storage**
- ☐ **Housing Payment Assistance**
- ☐ **Mail Services**
- ☐ **Food Assistance**

Employment

If you are currently employed, list your employer _____ and position _____.

Last Employer:

Company Name: _____ **City and State:** _____

Position Held: _____ **Last Date of Employment:** _____

Where are you currently looking for work and what are your skills?

Additional Information:

If you have any special circumstances or additional information that you would like to share, please explain below:

Acknowledgment:

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that incomplete applications will not be considered. If my application is approved, I will receive an email with further instructions and information about the services available to me at Care Complex.

Signature: _____ **Date:** _____