

Mid-Columbia Community Action Council Shelter Guest Waitlist Intake Form

First Name: _____ Last Name: _____ Date: _____

Phone number: _____ Date of Birth: ____ / ____ / ____

Social Security Number - - - - -

Gender: Male Transgender Male Gender Non-Binary
Female Transgender Female

Race/Ethnicity (select all that apply): White/Caucasian Native American
Black/African American Asian American

Describe your race/ethnicity _____

Are you Hispanic or Latino? Yes No

How long have you been experiencing homelessness?

_____ Days _____ Weeks _____ Months _____ Years

Where did you grow up? City: _____ State: _____

Where was your last permanent address? City: _____ State: _____

Are you a veteran? Yes No

Where do you usually sleep? Outside Car Tent
Friend's house Family's house Other _____

Emergency Contact Information:

Name: _____

Phone: _____

Relationship: _____

Referred by? _____

Primary care provider? (name & location): _____

Prescription medicines? (please list): _____