



## Client Contact Form

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Head of Household:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Last Name)

Gender: \_\_\_\_ (Female) \_\_\_\_ (Male) \_\_\_\_ (Transgender) \_\_\_\_ (Non•Binary) \_\_\_\_ (Other) \_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ consent to provide any accurate/pertinent information needed for the enrollment processing regarding my request for rental assistance. (Please Initial)

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### Questions

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Who referred you to our agency? \_\_\_\_\_

Which of the best describes your family dynamic? *Please choose only one.*

- \_\_\_ Single Adult
- \_\_\_ Family without Minor Children
- \_\_\_ Family with Minor Children
- \_\_\_ Senior 55+
- \_\_\_ Head of household with disability income



What is your current household size? \_\_\_\_

Number of Adults in the household, including yourself: \_\_\_\_

Number of Children in the Household (Under 18): \_\_\_\_

Please complete the information below for **ALL** family members living/will be in the household.

	<i>First</i>	<i>Last</i>	<i>D.O.B</i>	<i>Age</i>	<i>Social Security Number</i>	<i>Relationship son/daughter</i>
1.)						
2.)						
3.)						
4.)						
5.)						
6.)						
7.)						

What county are you located in? *Please choose only one.*

\_\_\_ Desoto

\_\_\_ Glades

\_\_\_ Hardee

\_\_\_ Hendry

\_\_\_ Highlands

\_\_\_ Okeechobee

Are you a Veteran? Yes or No

Were you affected by a disaster i.e., hurricane IAN? Yes or No

**Heartland Coalition  
for The Homeless**

Does the head of the household have income? Yes or No

What is your household's total monthly income? \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

\_\_\_\_\_

Please fill out the below information.

_____	
(Street Address)	
_____	_____
(City)	(State/ Province/ Region)
_____	_____
(Postal/ Zip Code)	(Country)

What service are you seeking? Please choose only one.

- ☐ I am currently behind on my rent
- ☐ I am homeless and need help moving into a place I have found.
- ☐ I need help with finding a shelter



Explain **Why** you are in this crisis:

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*(Head of Household Printed Name)*

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*(Head of Household Signature)*

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*Date*

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You may submit your completed Application via one of the following ways:

- Email : [Info@heartlandcoalitionforthehomeless.org](mailto:Info@heartlandcoalitionforthehomeless.org)
- Fax Number: (863) 453 -8903
- Office Location : 752 US Highway 27 N.  
Avon Park, FL 33825
- Postage Mail: Heartland Coalition for the Homeless  
Post office Box 1023  
Avon Park, FL 33826

For further information Please contact our agency at (863) 453 - 8901

## Crisis Assessment

### CONTACT INFORMATION

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of communication?

☐ Phone call ☐ Email

Any information about contacting you (days, weeks, times available or area to be found):

### DEMOGRAPHICS

Race: ☐ American Indian ☐ Middle Eastern  
☐ Asian or Asian American ☐ Native  
☐ Black, African American ☐ White

Ethnicity:

☐ Hispanic ☐ Not  
Hispanic

### REQUEST FOR ASSISTANCE

1: What type of assistance are you looking for? (*select one primary service*)

☐ Past Due: Utility Assistance ☐ Future Payment: Rent or Mortgage  
☐ Past Due: Rent or Mortgage ☐ Future Payment: Utility Assistance  
☐ Housing Search and Placement ☐ Other Services

### BASIC NEEDS

1: Do you have a phone or way to be contacted?

☐ Yes ☐ No

2: Do you have food to eat today?

☐ Yes ☐ No

3: Do you have access to clean water?

☐ Yes ☐ No

4: Do you have access to a restroom and hygiene supplies?

☐ Yes ☐ No

Subtotal

#### IMMEDIATE SAFETY

1: Is anyone currently threatening to hurt or kill you, and/or loved ones, damage your belongings, and/or demand control of your whereabouts physically or technologically?

☐ Yes ☐ No

2: If yes, would you like resources that can assist you with what you are going through in this relationship?

☐ Yes ☐ No

Subtotal \_\_\_\_\_ \*\*If yes, follow your local process for connecting to domestic violence.

#### CRISIS NEEDS

1: Prior living situation (where did you sleep last night)

Homeless Situation

☐ Vehicle or some place outside

☐ Emergency Shelter

☐ Hotel (being paid for by an organization – charity)

Temporary Housing Situation

☐ Transitional Housing – for homeless

☐ Residential halfway house – no homeless criteria

☐ Hotel (self-pay or friend)

☐ Host home (no crisis)

☐ Staying in a friend's room, apartment or house

☐ Staying in a family members room, apartment or house

Institutional

☐ Foster care or group home

☐ Hospital or medical facility

☐ Jail, prison or juvenile detention facility

☐ Nursing home/long term care facility

☐ Psychiatric hospital or facility

☐ Substance treatment facility or detox center

Permanent Housing Situation

☐ Rental unit (no financial subsidy)

☐ Rental unit (with financial subsidy)

☐ Own home (no financial subsidy)

☐ Own home (with financial subsidy)

2: Do you have a safe place to sleep tonight?

☐ Yes ☐ No

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3: Are you responsible for children or others who rely on you?

☐Yes                      ☐No

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4: If yes, do they currently stay with you?

☐Yes                      ☐No

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5: Do you have any urgent medical needs right now?

☐Yes                      ☐No

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6: Do you need medication that you don't currently have access to?

☐Yes                      ☐No

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7: Do you have your ID or other important documentation?

☐Yes                      ☐No

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Subtotal \_\_\_\_\_