

# Intake Questionnaire

Your responses are kept confidential and will not affect services you will receive.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your name: \_\_\_\_\_

## Your contact info

cell: \_\_\_\_\_

text now: \_\_\_\_\_

email/facebook: \_\_\_\_\_

Which of the following goals **have you met** or are you **currently working on**?

	Already met	Working on it	Not working on it	Not applicable
Housing goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health & substance use goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other goals: ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What year were you **born in**? \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

When did you come to Aileen's for the **first time**? (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your racial and ethnic **background**? Check **all that apply**.

- \_\_\_\_ American Indian/Native Alaskan
- \_\_\_\_ Asian/Asian American
- \_\_\_\_ Black/African American/African
- \_\_\_\_ Hispanic/Latino
- \_\_\_\_ Middle Eastern/North African
- \_\_\_\_ Multiracial
- \_\_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_\_ White
- \_\_\_\_ Other (\_\_\_\_\_)
- \_\_\_\_ Prefer not to say

How would you describe **your gender identity**?

- Female
- Male
- Genderqueer or gender-fluid
- Non-binary
- Questioning or unsure
- Other (\_\_\_\_\_)
- Prefer not to say

Do you identify as **transgender**?

- No
- Yes
- Prefer not to say

How would you describe your **sexual orientation**?

- Straight or Heterosexual
- Gay or Lesbian
- Pansexual or Bisexual
- Queer
- Questioning or unsure
- Asexual
- Other (\_\_\_\_\_)
- Prefer not to say

Do you have a **disability** (or disabilities)?

- Yes
- If okay, what is it? (\_\_\_\_\_)
- No
- Prefer not to say

Are you currently **homeless**?

- Yes
- No
- Prefer not to say

What is the **zip code** of the area you most often stay at? \_\_\_\_\_

What **city** do you live or most often stay in? \_\_\_\_\_

What is your preferred **language**? \_\_\_\_\_

Have you or has your spouse/partner served in **the military**?

- Not related
- Myself
- Spouse/partner
- Surviving spouse/partner
- Prefer not to say