



Safe Haven

PATHWAYS

Safe, Structured, and Sustainable
Housing with Purpose.

INTAKE FORM

FOR OFFICE USE ONLY

Intake Date: _____

Interviewed By: _____

Approved: Yes No

Move-In Date: _____

Room Assignment: _____

Notes: _____



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1 PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Previous Address: _____

2 HEALTH & LIFESTYLE

Do you have any mobility limitations? Yes No

If yes, explain: _____

Do you take any daily medications? Yes No

If yes, list: _____

Do you have any chronic medical conditions

or disabilities? Yes No

If yes, explain: _____

Can you self-administer medications independently?

Yes No Need Reminders

3 CURRENT HOUSING SITUATION

Homeless

Staying with Friends/Family

In Shelter

Renting

Coming from Incarceration

Other: _____

4 SUBSTANCE USE & SOBRIETY

Are you currently in recovery?

Yes No Prefer Not to Say

Are you willing to maintain a drug/alcohol-free environment? Yes No

Are you currently participating in counseling or treatment? Yes No

How long have you been sober?

_____ Months _____ Years

Not Applicable

5 BEHAVIOR & COMMUNITY LIVING

Have you previously lived in shared housing? Yes No

If yes, how was your experience? _____

What challenges have you experienced in group living?

Are you comfortable following house rules and curfews? Yes No

Have you ever been asked to leave a housing program? Yes No

If yes, explain: _____

What does respectful shared living mean to you?

6 LEGAL / BACKGROUND INFORMATION

Are there any legal restrictions that may affect housing placement? Yes No

If yes, explain: _____

Are you currently on probation or parole? Yes No

Are you required to register for any legal program? Yes No

Is there anything else we should know for your safety or the safety of others? Yes No

If yes, explain: _____

7 LIVING PREFERENCES

Preferred Room Type:

Private Room

Shared Room

Preferred Length of Stay:

Short-Term (1-6 Months)

Long-Term (6+ Months)

Undecided

How do you handle conflict or disagreements in shared spaces? _____

8 GOALS & EXPECTATIONS

What are your personal goals while in this program?

What do you expect from this program?

9 MOVE-IN READINESS

Desired Move-In Date: _____

Can you pay move-in fees/deposit?

Yes No Need Assistance

Do you need emergency placement? Yes No

If yes, explain: _____

10 EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship: _____

11 REFERRAL INFORMATION

Referring Agency / Person: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

12 FINANCIAL INFORMATION

Source(s) of Income (Select All That Apply):

Employment / Job

Child Support / Alimony

SSI

Other: _____

SSDI

No Income

Unemployment Benefits

Veterans Benefits

Monthly Income Amount:

\$ _____

How often is income received?

Weekly Bi-Weekly

Monthly Other: _____

Can this income be relied on consistently?

Yes No

If no, explain: _____

13 PROGRAM EXPECTATIONS ACKNOWLEDGMENT

I understand that Safe Haven Pathways is a structured shared living environment and agree to:

- Respect fellow residents and staff
- Maintain cleanliness and shared spaces
- Follow quiet hours and curfews
- Refrain from violence, threats, or illegal activity

- Follow drug/alcohol policies
- Participate in program expectations and services
- Provide truthful and complete information

Signature: _____

Date: _____