



Madison/Dane County CoC FAMILY PARTICIPANT INTEREST FORM

This form should be completed within 7-10 days of shelter entry or when the participant is in the top 30 of the priority list.
Please send completed forms to the Coordinated Entry Manager (zach.stephen@icalliances.org).

Today's Date: _____ **Phone Number:** _____ **E-mail:** _____

Current Case Worker: _____

Please list information below for all people you want to live with.

Name (First, Middle Initial, Last)	Date of Birth	Gender	Relationship to Head of Household
			Self

Do you have any pets that will live with you? Yes No If yes, please list type: _____

If you have a pet, is the pet a service animal or emotional support animal? (Please circle which one)

Do you have or require a live-in caretaker? Yes No

Are there any people you can't live near? Yes No If so, who: _____

Which current identification do you have? Photo ID Birth Certificate Social Security Card

Other: _____

Do you have birth certificates and social security cards for your children? Yes No

If not, what do you need?

Alternate Contact (Case Worker): Name: _____ Phone Number: _____

Emergency Contact: Name: _____ Phone Number: _____

Income Source:

Monthly Amount:

***If income is SSI, please work to get verification. Programs will need verification dated within 90 days of program entry.**

Housing Preferences

Please fill out the chart below so we may know your housing preferences in order to make the best housing match for you.

Location	Yes	No	Maybe
Downtown/Central			
East			
West			
North			
South			
Amenities	Yes	No	Maybe
On a bus line			
Off street parking			
Onsite laundry			
Outside play space			
Close to library			
Accessible unit			
Onsite case management			
Onsite community activities			
Unit Size	Yes	No	Maybe
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4+ Bedrooms			

If you had first month's rent and security deposit paid for you, could you afford rent after that? ___Yes ___No

Are there any accommodations anyone in your household needs for housing? ___Yes ___No

If yes, please explain: _____

Where do your child(ren) attend school?: _____

Are you willing to switch schools if you found housing in a different neighborhood? ___Yes ___No

Are you currently enrolled in a housing program? If so, which one: _____

Please list any housing programs you have been involved with in the past: _____

Please list any other information you want us to know about your housing preferences.

Housing Barriers

Some housing programs will require that you complete an application with a private landlord. As the program works with you to locate housing, it is helpful to know if there are any barriers to housing that might come up.

Barrier	Yes	No	Details
Insufficient/unverifiable/no rental history			
History of evictions (include dates)			
Record of property damage to previous apartments			
Insufficient/no income			
Debts to landlords/utility companies			
If money owed to landlord or utility company, is a payment plan in place?			
Legal history that may affect ability to obtain housing			
Recent history of substance abuse or actively using drugs or alcohol			
History of domestic violence (Currently fleeing)			

Support Services Preferences

Housing programs that are accessible through the Housing Priority List offer case management or supportive services to their participants. Once you have secured and moved into housing, you can choose what goals you want to work on. Below is a list of ideas for things you may want to work on. Please check the ones that you are interested in. You can change your mind on these at any time.

- | | | |
|--|---|---|
| <input type="checkbox"/> Food Resources | <input type="checkbox"/> Dental | <input type="checkbox"/> Education |
| <input type="checkbox"/> Clothing Resources | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Household/Furniture Resources | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> School Connections |
| <input type="checkbox"/> Food Share Enrollment | <input type="checkbox"/> Connecting to the neighborhood | <input type="checkbox"/> Legal Concerns |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Help with understanding mail/paperwork | <input type="checkbox"/> Financial Education |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Special Education Advocacy |
| <input type="checkbox"/> Child's Physical Health | <input type="checkbox"/> Employment | <input type="checkbox"/> Children's Behavior |
| <input type="checkbox"/> Mental Health | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child's Mental Health | | _____ |

Signature: _____

Date: _____

Please note that we will try to accommodate your preferences, but available units may not fulfill all of your preferences. You can turn down a housing opportunity and remain on the priority list.

Attachments:

- | | | |
|--|--|--|
| <input type="checkbox"/> Disability Verification | <input type="checkbox"/> Homeless History Verification | <input type="checkbox"/> Income Verification or Zero Income Verification |
|--|--|--|

