



**GENESIS OUTREACH, INC.**  
 2605 GAY STREET / FORT WAYNE, IN 46803  
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 genesisoutreach.org

## PLUS INTAKE APPLICATION

DATE \_\_\_\_\_ IN PERSON \_\_\_ PHONE \_\_\_ MAIL \_\_\_ REFERRED BY \_\_\_\_\_  
 NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SOC SEC # \_\_\_\_\_  
 MARITAL STATUS \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ SINGLE \_\_\_ DIVORCED # OF CHILDREN \_\_\_\_\_  
 CHILDREN'S CURRENT LIVING CONDITION \_\_\_\_\_  
 DCS CM NAME \_\_\_\_\_ COUNTY \_\_\_\_\_ CONTACT # \_\_\_\_\_

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

Have you been homeless before? \_\_\_\_\_ If yes, when and why? \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If yes, when were you discharged? \_\_\_\_\_

Do you have a mental illness? \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

Do you have a physical disability? \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

Are you currently being treated for any illness or disabilities? \_\_\_\_\_

If yes, who is providing your treatment? \_\_\_\_\_ Contact # \_\_\_\_\_

Do you have a family doctor? \_\_\_\_\_ If yes, who? \_\_\_\_\_ Contact # \_\_\_\_\_

If you are on any medications, please list them and the reason for each (ex. Name of Medication - Reason)

\_\_\_\_\_

Have you ever received treatment for addiction or been in a recovery program before? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

### WHICH OF THESE SUBSTANCES HAVE YOU USED?

\_\_\_ ALCOHOL    \_\_\_ COCAINE    \_\_\_ CRACK    \_\_\_ DEPRESSANTS    \_\_\_ HEROIN  
 \_\_\_ STIMULANTS    \_\_\_ HALLUCINOGENS    \_\_\_ OPIATES    \_\_\_ MARIJUANA    \_\_\_ PCP  
 \_\_\_ METH    OTHER \_\_\_\_\_

When was the last time you used? \_\_\_\_\_ Length of addiction? \_\_\_\_\_

|        | DRUG OF CHOICE | AGE OF FIRST USE | HOW WAS IT USED? |
|--------|----------------|------------------|------------------|
| FIRST  |                |                  |                  |
| SECOND |                |                  |                  |
| THIRD  |                |                  |                  |

What is your highest level of education? \_\_\_ College Degree \_\_\_ Diploma \_\_\_ GED \_\_\_ Certificate

Annual Income \_\_\_ \$12,900 or below \_\_\_ \$12,901–\$21,450 \_\_\_ \$21,451–\$34,350 \_\_\_ \$34,351 or above

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

If not, list your last place of employment and date. \_\_\_\_\_

If you are involved with the court in any way, please describe the situation(s).

\_\_\_\_\_

\_\_\_\_\_

Please share why you are looking for help today.

\_\_\_\_\_

\_\_\_\_\_

I affirm that the information I have provided is true and complete and understand that any false information could result in termination of housing and services offered to me by Genesis Outreach. Should I get accepted into the program, I agree to abide by all program guidelines.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Has this person ever been a resident of Genesis House? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Does this person qualify for the PLUS Program? \_\_\_\_\_ If not, why? \_\_\_\_\_

If there was a referral given to the person who was not accepted, please list who. \_\_\_\_\_

\_\_\_\_\_  
GENESIS STAFF SIGNATURE

**STAFF FOLLOW UP**

DCS WORKER CONTACTED      DATE \_\_\_\_\_      BY \_\_\_\_\_

REFERRAL RECEIVED      DATE \_\_\_\_\_      BY \_\_\_\_\_

SCHEDULE ADMIT DATE      DATE \_\_\_\_\_      BY \_\_\_\_\_