



The Institute for Human Services
Ending the Cycle of Homelessness



KAHAUIKI
V I L L A G E

Date Received (for staff only): _____

Caseworker Name: _____

Contact Number: _____

Referring Organization: _____

Adult Information:

1. Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone Number: _____ Secondary Number: _____

Female Male Other: _____ Requires ADA unit: Yes No

2. Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone Number: _____ Secondary Number: _____

Female Male Other: _____ Requires ADA unit: Yes No

Adult Income Declaration: *Please do not include supplemental income (i.e. SNAP, Welfare) unless kupuna

Adult 1) Employer: _____ Monthly Gross Income (FT/PT): _____

Supervisor Phone Number: _____ Length of Employment: _____ OK To contact? Yes No

Adult 2) Employer: _____ Monthly Gross Income (FT/PT): _____

Supervisor Phone Number: _____ Length of Employment: _____ OK To contact? Yes No

Children Information:

1. Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ School: _____

Female Male Other: _____ Requires ADA unit: Yes No

2. Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ School: _____

Female Male Other: _____ Requires ADA unit: Yes No

3. Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ School: _____

Female Male Other: _____ Requires ADA unit: Yes No

4. Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ School: _____

Female Male Other: _____ Requires ADA unit: Yes No

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING



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1. Current address: _____
 - a. Length of stay: _____
 - b. Landlord/housing manager name: _____
 - c. Landlord/housing manager Phone number: _____
 - i. OK to contact? Yes No
2. Reasons for homelessness (Check all that apply)
 Loss of employment Domestic violence Physical or mental disability
 Being evicted (please explain): _____
 Other: _____
3. Do you have a housing voucher or are you currently on the waitlist to receive one? Yes No
4. Do you have childcare? Yes No
 - a. If yes, who with? _____
5. Do you own a vehicle? Yes No
 - a. If yes, are you paying auto loans on the vehicle? Yes No
 - b. How many vehicles? **KV allows for 1 vehicle per household**
 - i. _____
6. Do you have pets? Yes No
 - a. If yes, is it a registered service animal? **KV does not allow for non-registered service animals**
 Yes No
7. Are you a Hawaii resident? Yes No
 - a. If yes, how many years have you lived in Hawaii? _____
8. Ethnicity(Check all that apply)
 White Alaska Native
 Hispanic or Latino Native Hawaiian
 Black or African American Asian
 Other Pacific Islander (Circle one: Micronesian, Polynesian, Melanesian, Other: _____)
9. Do you currently have funds to pay for first month rent and security deposit? **~ 2x monthly rent** Yes No
10. Do you currently have any of the following:
 Paystubs Social Security Card
 Medical Cards Birth Certificate
 State I.D./ Driver's License Checking / Saving Account
11. Does anyone in your household have any medical issues or disability? Yes No
 - a. If yes, explain _____
12. Do you have any pending legal issues? Yes No
 - a. If yes, explain _____
13. Do you need an interpreter during services? Yes No
 - a. What language? _____

Please fax referrals to 425-5168 attention to Family Program.

ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR HOUSING