



Love Right UNTD, Inc.
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Intake Form

Agency Referring _____

Help Requested: ☐ Homeless Prevention

Person Referring _____

☐ Rapid Re-House

Phone _____

☐ _____

Head of Household

Last Name _____ First _____ M.I. _____ Sex _____

Social Security# _____ Date of Birth Click or tap to enter a date. Age _____

Current Address/location _____ Zip _____

Zip of Last Permanent Address: _____

Re-House Address/Location _____ Zip _____

If in Shelter/Program-List Name _____ City _____

Home Phone _____ Work _____ Cell _____ Contact# _____

Marital Status _____ Pregnant ☐ No ☐ Yes # of months _____ DV ☐ No ☐ Yes When _____

Education:

- ☐ 0-8years
☐ 9-12(non-HS grad)
☐ HS Grad/GEO
☐ 12+
☐ College graduate
☐ Junior College
☐ College(non-grad)
☐ Voc/Tech (completed)
☐ Graduate Degree

Race:

- ☐ African American/Black
☐ Caucasian
☐ Native Hawaiian/Pacific Islander
☐ Asian
☐ American Indian/AK Native
☐ African American & White
☐ American Indian/AK/White
☐ Asian & White
☐ American Indian/AK/Black
☐ Other Multi Racial

Veteran ☐ No ☐ Yes Length of Active-Duty _____ Months Has DD214 ☐ No ☐ Yes

Served in war zone ☐ No ☐ Yes Name of war zone _____

Branch of Military _____ Registered at County Veterans Office ☐ No ☐ Yes

CW5 Completed ☐ No ☒ Yes When Click or tap to enter a date.

Notes: Click or tap here to enter text.

Cal WIN Case# _____

Case # _____