



## APPLICATION SHORT FORM

**Keepsake Abode Foundation**  
622 Central Avenue, #1000 Johnstown PA 15902



**KEEPSAKE ABODE FOUNDATION**

622 Central Avenue #1000

Johnstown, PA 15902

*Office visits by appointment ONLY*

814.458.8668

[info@keepsakeabodefoundation.org](mailto:info@keepsakeabodefoundation.org)

[www.keepsakeabodefoundation.org](http://www.keepsakeabodefoundation.org)

**Client Intake Information**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Agency that works with you:

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Vet:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ID Card:

SS card:

**Income**

Working:

DOC Housing Voucher

HARP Funding

SSI:

SSDI:

Other:

**Healthcare**

Medicaid:

State Health:

Other:

Any Mental Health services or medication in the past or present? Please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Chemical dependency past or present and do you receive services? Where?:

\_\_\_\_\_

**Housing history**

Times you lost housing and why:

\_\_\_\_\_  
\_\_\_\_\_

Debt or

LFOs: \_\_\_\_\_

Anything

else: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Incarceration or Arrest history**

Any charges pending:

Charge \_\_\_\_\_

County \_\_\_\_\_

Status \_\_\_\_\_

Charge \_\_\_\_\_

County \_\_\_\_\_

Status \_\_\_\_\_

DOC Number \_\_\_\_\_

Are you working with any other organization or case managers are they helping with resources?

\_\_\_\_\_  
\_\_\_\_\_

**Work history**

Are you working or looking for work?

Type? \_\_\_\_\_

\_\_\_\_\_

Do you plan on attending school or training and what type of education? \_\_\_\_\_

What should we know about you to assist you? Please feel free to write in comments.



**Emergency**  
**Contacts/Family or**  
**friends**

Counselor  
Signature \_\_\_\_\_

Resident  
Signature \_\_\_\_\_

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Comments.**

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