



Nch'i Wana Housing
16 Oak Street #203, Hood River, OR 97031
Phone: 541-436-3814

Nch'i Wana Housing Intake Form
Head of Household Information

First Name	Middle Initial	Last Name	Phone #
Address	City	State	Zip Code
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-conforming <input type="checkbox"/> No answer			
DOB (MM/DD/YYYY)			
Disabled Y/N	Veteran Y/N	Tribal Affiliation: <input type="checkbox"/> Native American <input type="checkbox"/> Non-Native Tribe Name & Enroll # _____	Race: <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic
Are you experiencing domestic violence? Y/N			

Please explain your emergency:

Have you been financially affected? Y/N explain: _____

Have you lost work/hours? Y/N explain: _____

Are you behind on bills? Y/N explain: _____

Are you experiencing food hardship? Y/N explain: _____

Do you have increased COVID-19 related expenses? Y/N explain: _____

Other Emergency:

Household Members Information

Name	Relationship to HH	DOB <small>(MM/DD/YYYY)</small>	Age	Tribe	Enrollment Number	Social Security #
	Self					

Specific Needs

<input type="checkbox"/> Hotel <input type="checkbox"/> Emergency Camp Supplies <input type="checkbox"/> Food/Water <input type="checkbox"/> PPE <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Health Supplies <input type="checkbox"/> Heating/Utility Please explain above checked _____ _____ _____
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Read & Sign

Nch'i Wana Housing may use my information to obtain funding on my behalf. I understand Nch'i Wana Housing will create a case file on my behalf. I understand that information in my case file may be used for the purpose of data and statistics, to support the Nch'i Wana Housing program.

I give Nch'i Wana Housing permission to take/use my photo for the purpose of non-profit marketing and program awareness.

Printed Name

Signature

Date

Official Use Only	Staff Signature: _____
Client Status: _____	Approved _____ Denied _____ Pending _____ Date: _____