

# The Lilac House

## RESIDENT INFORMATION FORM

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

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

NYS ID: Yes\_\_ No\_\_ ID #: \_\_\_\_\_

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DISABLED: Yes\_\_ No\_\_ VETERAN: Yes\_\_ No\_\_ GENDER IDENTITY: \_\_\_\_\_

ETHNICITY: Hispanic\_\_ Non-Hispanic\_\_ RACE: \_\_\_\_\_

MARITAL STATUS: Single\_\_ Married\_\_ Separated\_\_ Divorced\_\_

**HOUSING CATEGORY:**

Homeless  
 At Risk of  
Homelessness  
 Stable Home  
 Recently  
released from  
incarceration  
 N/A

**EDUCATIONAL LEVEL:**

Diploma  
 College Degree  
 Vocational  
Training  
 Some College  
 N/A

**SOURCE OF INCOME:**

Employment  
 SSI/SSD  
 Food Stamps  
 DPSS/TANF  
 N/A

**INCOME FREQUENCY**

Weekly  
 Biweekly  
 Monthly  
 N/A

Are you currently on:

Parole  
 Probation  
 Other  
 N/A

Parole/Probation Office Location:

\_\_\_\_\_

Parole/Probation Agent Name:

\_\_\_\_\_

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

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**In Case of Emergency, Please Notify**

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Recovery Informa on**

Do you have a history of alcohol or illegal drug use? \_\_\_\_\_

How many years did you use drugs and/or alcohol? \_\_\_\_\_

List substances you have used within the past 3 years:

Drug of Choice: \_\_\_\_\_ Clean Date: \_\_\_\_\_

Name and address of recovery program (if applicable):

\_\_\_\_\_

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**Personal Goals**

How did you hear about The Lilac House? \_\_\_\_\_

During my stay at The Lilac House I would like to work on the following:

- |   |   |
|---|---|
| <input type="checkbox"/> obtain Social Security Card            | <input type="checkbox"/> continue education |
| <input type="checkbox"/> obtain State ID / Driver's License     | <input type="checkbox"/> find a job         |
| <input type="checkbox"/> reconnect/Reunify with children/family | <input type="checkbox"/> learn a new skill  |
| <input type="checkbox"/> find a recovery sponsor                |   |

Other goals (please describe):