Do you need an interpreter?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Members (relation) | Birthdate | Gender | Race/ Ethnicity | Contact Info | Emergency Contact | Enrolled in Coordinated Entry (Y/N) | Are you in Danger (Y/N) | Time living in vehicle |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Primary reason you are experiencing homelessness?

Emergency Contact: Medical Issues?

What city did you sleep in last night?

Do you have a job? Where? Are you interested in working?

Is vehicle licensed? YES NO Registered? YES NO

Vehicle Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model

License Plate#\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any mechanical issues with your vehicle?

***MY signature below, acknowledges that I/we have read and understand the attached Safe Parking Network Agreement. I also certify I have answered the above questions correctly and honestly.***

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WE ARE EXCITED TO SEE YOU SUCCEED!!!**