

HOOT RESOURCE CENTER WELCOME ASSESSMENT - STUDENT

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Parent/Guardian Name: _____

Address, if different: _____

How did you hear about the HRC? _____ Are you an independent student? Y or N

If yes, who do you live with? _____ Relationship: _____

What is your current housing situation? (Circle one)

Living in home that you... rent or own - With family? With friends? Alone?

Sharing housing with friends/relatives Living in my car Living in Hotel/Motel

Living at a campsite Living in an emergency shelter Other

How many people currently reside with you? _____

Which of the following services offered at the HRC are you interested in? (Circle all that apply)

Showers Laundry Facilities Meals Help with Homework

Help with Job Applications Internet Access Counseling

Getting connected to community resources Having a safe place to hangout

Other: _____

What will be your usual plan for getting home? (Circle all that apply)

School transportation Ride home with friends Personal Vehicle

Walk/Ride Bike Other: _____

Is your parent/guardian aware that you are attending the HRC? _____

Who should we call in case of emergency? _____

Emergency Phone: _____ Relationship: _____

Date Assessed: _____