

St. Anne's Safe Car Camping Program Intake (Intake Sample)

Car Owner _____

2nd adult _____ **relationship to car owner** _____

Minors (Name, Gender, age and grade and school)

Car Make and Model _____ **Color** _____

License Plate _____

Phone Number _____

Emergency Contact Information

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Do you or does anyone in your family have any medical issues you would like us to know about?

What do you need to move into permanent housing?

Other than housing what help could you use if it were available to you?