



**LAMB MANGER
EMERGENCY HOUSING APPLICATION /INTAKE FORM**

114 N. Main Street • North Wales, PA 19454

(215) 699-5600 • Fax (215) 661-8825



Email Lamb5600@fast.net Website: www.LambFoundationPA.org

Personal Information

Name	Referral Source
Address	Relationship to Applicant
City, State, Zip	Address
() M F Phone Date of Birth Sex	City, State, Zip
Social Security Number	() () Home Phone Cell Phone

Family / Emergency Contacts

Primary Emergency Contact Relationship	Secondary Emergency Contact Relationship
() () Home Phone Wok/Cell Phone	() () Home Phone Work/ Cell Phone
Address	Address
City, State, Zip	City, State, Zip

Health Care Information

Medicare or Insurance Plan Name	ID Number/Group Number
Access/Insurance Number	
Primary Care Physician	Psychiatrist (if applicable)
Address	Address
City, State, Zip	City, State, Zip
() Phone	() Phone
Primary Diagnosis:	Primary Diagnosis:
Secondary Diagnosis:	Secondary Diagnosis:

Financial Information

Income

Source(s): ___ SSI ___ SSDI ___ Retired ,Social Security ___ Work ___ Family ___ Pension

\$ _____
Amount per month

Name of person who handles finances

Bank Accounts:

ADDITIONAL INFORMATION, If Any: _____

Certification

The undersigned certify that the information provided on this Emergency Shelter Application / Intake Form is true and correct and understand that Lamb Foundation and Lamb Manger Emergency Shelter Staff may rely upon such information in considering the applicant for acceptance into its Emergency Shelter program.

Applicant Signature

Date: _____

Referral Source/Family Member Signature

Date: _____