



WELCOME HOUSE, INC
Homeless to Home

Front Door Questionnaire for Street Outreach

Name: (first) _____ (last) _____

Birth Date: _____ SS# (last 4 digits only) XXX-XX- _____

Contact (phone or email) _____

Where did you sleep last night? (circle one)

Hotel/Motel (if paid for by a charitable organization)

or Outside (Street location?) _____

Please provide as much detail as possible on location

Which county did you sleep in last night? (circle one)

Boone

Campbell

Kenton

Other: _____

Services needed? _____

Staff Only

Staff name: _____

Referral Received Date: _____