



Heroes Home Colorado

Application & Intake Questionnaire

Date: _____

Legal/Given Name: _____

Name Used: _____

Race/Ethnicity: _____ Gender: _____

Driver's License/State ID number: _____ State issued: _____

Location: _____

Phone: _____

Email: _____

Where did you sleep last night: _____

Date of birth: _____ Circle one: Single / Married / Partnered

Is your spouse/partner applying to HHCO? Yes / No

If so, spouse/partner's name: _____

*Couples must agree to abide by the intervention policy in the Village Manual if they have a falling-out in which results in one person moving out of a couple's unit. This must be filled out during the interview process.

Please choose which person in the couple will move out below:

"We, the couple, in the event of a fallout resulting in an inability to live together and causing one person to move out of couple housing, will agree to village policy that _____ will move out of the couple's unit until a single's unit is available."

Do you have children with you? Yes / No If so, how old are they? _____

Do you have a car? Yes / No Do you have an RV? Yes / No

How much stuff do you have? Backpack / Car load / Truck load / Storage Unit

If so, what kind? _____ How many pounds? _____ Spay/neuter? Yes/No



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1. How did you become unhoused?

2. How long have you been without stable housing? _____

3. Where was your most recent permanent address? _____

4. How long have you been in the State of Colorado? _____

5. Is this your first experience being unhoused? _____

6. Do you have a source of income? Yes / No If so, what source? _____

7. Do you get food stamps? Yes / No If not, do you want help applying? Yes / No

8. Do you receive SSI/SSDI? Yes / No If not, do you want help applying? Yes / No

10. Are you on any housing lists? Yes / No If so, which? _____

If not, do you want help applying? Yes / No

11. Have you been active in houseless issues/activism? Yes / No If so, how?

12. Have you ever lived in a rest stop, homeless village or other community environment? Yes / No

If so, which one and for how long?

13. Are you a veteran? Yes / No Branch: _____ Type of discharge: _____

14. Are you employed? Yes / No If so, where and how many hours/week?

15. If you're not currently employed, what was your past occupation(s)?

16. Do you have a disability or special needs? Yes / No If so, please describe:



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17. Female head of household? Yes/No

18. Elderly head of household (over 65)? Yes/ No

19. What goals do you have for yourself?

20. Is there anything you would like to tell us about yourself?

Skills Inventory

1. How far have you gone in school? _____

2. What did you study? _____

3. Any plans to go back to school? Yes / No To study what? _____

4. Have you worked for pay? Yes / No If so, what kinds of work have you done?

5. What is the best job you ever had? _____

Why? _____

6. What are your hobbies? _____



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7. What of the following do you have experience with? (Check all that apply)

Rough Carpentry Computers, Web Development	
Finish Carpentry Computers, Word	
Plumbing Processing/Spreadsheets	
Opportunity Village Eugene (OVE)	
Electrical Computers, Data Entry	
Gardening Computers, Desk top publishing	
Farming Writing	
Security (Military/Law enforcement/Private) Business owner	
Permaculture Activism/Community Organizing	
HVAC Management	
Inventing Community/Political Leader	
Masonry Spiritual Leadership	
Driver Sales	
Mechanic/small engine repair First Aid	
Chimney Sweeping Bookkeeping/managing money	
Roofing Computers, Programing	
Cooking/Food Service Office Manager	
8.Things you are interested in contribution to village life:	
Creative/Artistic Sign making/painting	
Communications/Outreach Desktop publishing	
Drawing, Illustration Computer graphics	
Speaking/Presenting to groups Office and Administrative	
Writing – Promos, ads... Performance – acting, music, dance...	
Filing Cooking	
Stuffing Envelopes Phone Calls	
Sewing/knitting Computers	
Coordination Volunteers Networking	
Bookkeeping/Accounting Note take, Keeping minutes	
Computer repair Data Entry	
Legal/Paralegal Technical	
Specific Software Driving (list license type below)	
Electrical Carpentry	
Medical/first aid (list certification below) Plumbing	
Roofing Glazing	
Drafting/reading technical plans Massage/body work	
Masonry Landscaping	
Leading work parties Gardening	



Heroes Home Colorado

Painting Labor

Background Check Form

Notice: We will conduct a background check on all applicants. If that background check does not match your answers on this form, your application for Heroes Home Colorado will be denied. The only criminal offenses that automatically exclude are violent felonies. PLEASE BE HONEST!

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Have you ever been convicted of a criminal offense? Yes / No

If yes, please state the charges you were convicted of, the date of the conviction, and the City/Town, County and State. (Please use the back of the sheet if you need more room).

1. _____ 4. _____

State, County State, County

2. _____ 5. _____

State, County State, County

3. _____ 6. _____

State, County State, County

The information on this form is true and accurate to the best of my knowledge. I give permission to verify all information provided.

Applicant Signature

Date

HHCO Representative Signature

Date