

**WORCESTER COUNTY LOCAL BEHAVIORAL HEALTH AUTHORITY
Homeless I.D. Project FY 2019 APPLICATION/ INTAKE**

Client Name: _____ Phone number: _____

Current address: _____

Date of Birth _____ Social Security # _____

If under age 18, is the client under the care of an adult who is homeless or at risk of homelessness AND has a mental illness or co-occurring substance use disorder? ___Yes ___No

Housing Status: ___Literally Homeless ___Risk of Losing Housing

Veteran: ___Yes ___No Gender: ___Male ___Female ___Other: _____

Race: _____ Ethnicity: _____

Disability: Mental Illness _____ Co-occurring _____

Person completing form: _____ Phone # _____

Agency & Address: _____

Request: (Please check all that apply)

___ State Identification Card **OR** ___ Driver's License Renewal

___ Birth Certificate State: _____

<p>For ID or Driver's License:</p> <p>Payee: <u> M V A </u></p> <p>Amount: _____</p> <p>Check # _____</p>	<p>For Birth Certificate</p> <p>Payee: _____</p> <p>Amount: _____</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____</p> <p>Payee address (if outside Maryland):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This section to be completed by the Worcester County Local Behavioral Health Authority	
Total Amount Approved by LBHA: _____	Denied by LBHA _____
_____	_____
LBHA Director or Designee	Date