



STEP BY STEP LLC

RESIDENTIAL INTAKE & SCREENING APPLICATION

Web: www.step-by-step-llc.com | Email: info@step-by-step-llc.com | Phone: (216) 849-5922

Submission Guide: Please compile and forward your completed, signed residential application directly to **Mr. Grandberry, Intake Coordinator** via email at info@step-by-step-llc.com or via point of contact coordinates listed above.

1. APPLICANT PERSONAL INFORMATION

Applicant Full Name *: _____ Intake Date *: _____ Date of Birth *: _____
Age *: _____ Phone Number *: _____ Email Address *: _____
Gender Identification *: Male Female Non-binary Prefer not to say
Emergency Contact Name *: _____ Relationship *: _____ Emergency Contact Phone *: _____

2. HOUSING SITUATION & BACKGROUND

Current Living Situation *: Homeless / Shelter Couch Surfing Transitional Housing Jail / Prison Release Hospital / Rehab Other

Referral Sourcing (if applicable): Self Agency Case Worker / State Official Treatment Facility Family / Friend

Referring Representative Name: _____ Referring Agent Contact Phone/Email: _____

Brief Summary of Situation / Primary Reason for Housing Need *:

Medical, Physical, or Mental Health History Disclosures *:

Substance Use History Disclosures *: Alcohol Drugs None

If yes, describe timeline/status: _____

Active Case Manager or Supervision Status *: Yes No

Cross-Rated (Multiple Courts/Agencies) *: Yes No

Are you a registered sex offender? * Yes No

If yes, what Tier? * (1) (2) (3)

3. INCOME, ACCOMMODATION & INDEPENDENT LIVING

Verifiable Source of Income? * Yes No

Specify Source Details (SSI, SSDI, VA, Job): _____

Are you currently employed? * Yes No

Preferred Room Configuration *: Shared Unit Private Unit (Subject to availability)

Physical Disabilities / Accommodations Needed? * Yes No

If yes, clarify requirements: _____

Can you live independently & manage all ADLs safely without supervision/assistance? * Yes No

If No, please explain alternative adjustments: _____

Do you currently retain or require an outside home health provider? *

Yes No

Provider Agency Name: _____

Personal Hobbies & Community Interests *:

4. PROGRAM AGREEMENTS & DISCLAIMERS

Independent Housing Scope: I understand that this program provides housing accommodations only. I am responsible for managing my own personal care, healthcare requirements, and independent daily logistics. Step by Step LLC is not responsible for provisions outside this defined scope. * **Initials *:** _____

Community Guidelines: I acknowledge that if my application is approved, I am required to adhere strictly to all residential guidelines, house expectations, and schedule programmatic case check-ins. Infractions may culminate in program dismissal. *

Truthfulness Declaration: I verify that all answers supplied across this intake document are precise and accurate to the best of my knowledge. Misrepresentations or intentional omissions constitute immediate cause for rejection or post-placement lease termination. This application does not constitute a housing guarantee. *

Applicant Name (Print) *: _____ Applicant Signature *: _____ Date *: _____

[INTERNAL REPRESENTATIVE USE ONLY]

Staff Reviewer Name:

Staff Signature: _____ Date: _____