

# SHARP- Auburn Hills

## Senior Home Assistance Repair Program Intake Form

|             |                              |
|-------------|------------------------------|
| Job Number: |                              |
| Priority?   | <input type="checkbox"/> YES |

Date:

Senior/Disabled OR  Military  
 If Military, Enter Unit #

|                    |  |        |  |
|--------------------|--|--------|--|
| Homeowners Name:   |  | Phones |  |
| Best times to call |  |        |  |

|          |                 |       |
|----------|-----------------|-------|
| Address: | City:           | Zip:  |
|          | Auburn<br>Hills | 48326 |

|  |        |                        |
|--|--------|------------------------|
| Person initiating request if other than homeowner: | Phone: | Relation to Homeowner: |
|  |        |                        |

*Work Requested: (maximum of 3 separate requests per intake form)*

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| Initial Contact by: |  | Contact Date:      |  |
| Assessment Visit by |  | Asses. Visit Date: |  |

**Assessment Notes:**

Time spent

*Assessment notes and time spent assessing must be filled out by Assessor.*