SILVER LINING COMMUNITY HOMES, LLC

Shared Residential Housing · Kansas City, MO Metro Area

RESIDENT INQUIRY & PRE-MOVE-IN APPLICATION

This packet is an inquiry and screening document. Submission does not guarantee placement. Information should be completed by the prospective resident or an authorized representative.

1. Applicant and representative

Prospective resident full name: _____
Preferred name: _____ Date of birth (optional): _____
Applicant phone: _____ Email: _____
Current city / county: _____
Representative / guardian / payee (if applicable): _____
Relationship / role: _____ Phone / email: _____

2. Housing preferences

Preferred move-in date: _____ Preferred room: ■ Private ■ Shared ■ Discuss
Mobility / accessibility considerations (housing-related only): _____
_____

3. Income and payment coordination

Please check any applicable source: ■ SSI ■ SSDI ■ Employment ■ Pension ■ VA benefits ■ Family support ■ Representative payee ■ Other
Payee / payment coordinator (if applicable): _____

4. Emergency contact

Name: _____ Relationship: _____
Phone: _____ Email (optional): _____

5. Housing fit and community living

Please describe general housing needs, routines or questions (do not include diagnoses, treatment details or medical records):

_____
_____
_____

6. Community living acknowledgement

I understand this is shared residential housing with household expectations, shared responsibilities and structured community guidelines. I understand residents must be able to manage independent self-care or arrange any needed independent support directly through third-party providers. This is not a request for medical or clinical services.

Applicant / representative signature: _____ Date: _____
Printed name and authority (if representative): _____

7. Intake use

Date received: _____ Follow-up by: _____ Tour: ■ In person ■ Virtual
Screening outcome / next step: _____

IMPORTANT HOUSING DISCLOSURE

Silver Lining Community Homes, LLC provides independent supportive community living and shared residential housing. We are not a healthcare, medical or clinical care facility. Residents must be capable of independent self-care or arrange independent care through third-party home health or outpatient providers. In an emergency, call 911. For mental health or suicide crisis support in the U.S., call or text 988.

Privacy note: Do not send this packet with medical records, discharge summaries, government ID images, account numbers or other sensitive records by ordinary email. Contact the intake team for an approved secure transfer method.

Questions / referrals: info@silverlininghomes.org · (816) 313-2923