



Sam's Place

200 HUSKIE BLVD,
BIGFORK MN

Pre-Application

Date: _____

Applicant full name: _____ Date of Birth: _____

Email Address: _____ Phone: _____ ☐ Call
☐ Text

Current living situation: _____

Current Address _____

Gender: _____ Race/Ethnicity: _____ Monthly Income _____

Income Type: ☐ None ☐ GA ☐ MFIP ☐ SSDI ☐ SSI ☐ Wages ☐ Other (Please list) _____

Do you have a physical or mental disability, which is expected to be long term? ☐ Yes ☐ No
☐ Chemical Dependency ☐ Mental Health ☐ Physical Health ☐ Other _____

If yes, please describe:

Is there anything else you would like us to know at this time?:

Call us for more information and to arrange sending this form via fax 218-256-9154

Email this application to: samsplacebf@gmail.com

Mailing address: Sam's Place 200 Huskie Blvd % PO box 313, Bigfork MN 56628