Wahkiakum

County Health and Human Services

EMERGENCY SHELTER REGISTRATION FORM

(For Office Use Only) Date Admitted _____ Shelter #_____ Exit Date _____

Name_____ _____ M / F
LAST FIRST MI SS#

Date of Birth_____Ht._____ Wt._____ Eyes_____ Hair_____

SPOUSE or Significant Other_____ _____ M / F
LAST FIRST MI SS#

Date of Birth_____Ht._____ Wt._____ Eyes_____ Hair_____

NUMBER OF CHILDREN (WITH YOU)_____ List full names below:

1._____ Age_____DOB_____ SS#_____ M F

2._____ Age_____DOB_____ SS#_____ M F

3._____ Age_____ DOB_____ SS#_____ M F

4._____ Age_____ DOB_____ SS#_____ M F

Cell or Message Phone_____ Emergency Contact Name(s) _____
Phone_____Relationship_____

ETHNICITY, check all that apply, all household members

STATUS:
- ____single male, no children
- ____single female, no children
- ____single male with children
- ____single female with children
- ____couple with no children
- ____couple with children
- ____unaccompanied youth

- ____White
- ____Black/African American
- ____Asian
- ____American Indian/Alaskan Native
- ____ Other/Multi-Racial
- ____ Hispanic

Household's previous address_____ Rent Amount _____
Occupation(s)/Employer(s) _____ _____
head of household spouse

Date(s) Last Worked _____ _____
head of household spouse

Do you have transportation? Yes No Vehicle year _____
How long will you need shelter services?_____

How long have you been homeless?_____ Have you stayed in another shelter in the last 3 years? Yes___ No___ When and Where?_____
Make_____ Model_____ Color_____ License #_____

CHECK ALL THAT APPLY AND EXPLAIN ANY CHECKED CATEGORIES:

___Domestic violence victim_____

___Veteran Branch of service and service dates_____

___History of mental illness _____

___History of substance abuse *(alcohol and/or drugs)*_____

___History of child protective services involvement _____

___ Disability *(physical or developmental)*_____

___ HIV/AIDS_____

STATUS UPON INTAKE (Please check any/all that apply)

___Lack of income/insufficient funds
___no income
___Evicted
___Victim of Domestic Violence
___Family Crisis
___Disaster Victim, Natural or Other Describe_____

____ Youth in crisis
____ Substandard Housing
____ No affordable housing
____ New arrival in area
____ No affordable housing

INCOME STATUS

___TANF Amount per month $_____
___SSI Amount per month $_____
___Social Security Amount per month $_____
___Employment Employer Name/Phone _____
___Unemployment Amount per month $_____
___GAU Amount per month $_____
___Pension Amount per month $_____
___Child Support Amount per month $_____
___Other income source Amount $_____

Are you currently undergoing any medical treatments? Yes____ No ____ If yes, for what condition?
_____

Are you currently taking any medications? Yes___ No___ Please list types of medications_____
_____

___I **DO NOT** have a communicable disease condition
___I **DO** have a communicable disease condition _____

Have any family members been arrested or involved in any of the following crimes:
_____ Felony _____ Crimes involving sexual abuse _____ Crimes involving violence
_____ Crimes involving alcohol or drugs, including the manufacture or sale of a controlled substance

_____ Crimes involving domestic violence or sexual assault crimes involving child abuse or neglect
_____ Please explain any 'Yes" answers_____
_____
_____

Do you or any family member(s) have any current Substance Abuse issues? _____
Have you or any family member(s) started or completed a substance abuse treatment program in the past?
_____

SUBSTANCE	NEVER USED	QUIT	MONTHLY	WEEKLY	EVERY FEW DAYS	DAILY	DATE OF LAST USE
CIGARETTES							
SMOKELESS TOBACCO							
ALCOHOL							
MARIJUANA							
INHALANTS							
COCAINE							
CRACK							
HEROIN/OPIATES							
IV DRUGS							
METHAMPHETAMINE							
NARCOTICS							
OTHER DRUGS							

Does any family member wish to be referred to a tobacco cessation or substance abuse treatment program?
_____
I will submit to the following tests immediately upon request: ____Breathalyzer ____Random drug test

_____ _____
Signature Date

_____ _____
Signature Date

SERVICES NEEDED:

___Housing Assistance ____Food
___Employment Assistance ____Transportation
___Alcohol/drug counseling/treatment ___Child Care
___Mental Health Treatment ___DSHS
___Medical Treatment/health care (describe) _____

___Other _____

LEVEL OF EDUCATION OF ALL ADULTS IN HOUSEHOLD:

EDUCATION LEVEL	FAMILY MEMBER		EDUCATION LEVEL	FAMILY MEMBER
NONE			OVER 12 YRS., NO DEGREE	
UP TO 12TH GRADE (GIVE GRADE)			TRAINING CERTIFICATE	
12TH GRADE NO DIPLOMA			BACHELOR'S DEGREE	
HIGH SCHOOL DIPLOMA			MASTER'S DEGREE/PHD	
GED			OTHER GRADUATE DEGREE	

Applicant Goals:

1. Please explain why you wish to participate in the housing program:

_____
_____
_____

2. If accepted, what do you want to have happen in your life while in the program?

_____
_____
_____

3. What would you like to be able to do after you complete the program and move on?

_____
_____
_____

CLIENT ACTION PLAN WORKSHEET

From the list below please choose the top 4 goal topics by importance and number each one through 4:

( ) Housing	( ) Employment	( ) Transportation
( ) Financial (pay fines/old debts)	( ) Mental Health Counseling	( ) Child Care
( ) Legal issues	( ) Substance Abuse Treatment	( ) Education (GED, diploma, etc.)
( ) Driver's License	( ) Other_____	

From the list above starting with your number one goal fill out information on that goal and include your present status

(1)Present Status: _____
GOAL_____
Target date for completion: _____
What do you need to do to reach this goal _____

(2) Present Status: _____
GOAL_____
Target date for completion: _____
What do you need to do to reach this goal _____

(3) Present Status: _____
GOAL_____
Target date for completion:_____
What do you need to do to reach this goal _____

(4) Present Status: _____
GOAL_____
Target date for completion: _____
What do you need to do to reach this goal _____

_____
Client Signature and Date:

_____
CASE MANAGER SIGNATURE

APPLICATION CERTIFICATION: I/we certify that the information contained in this application is complete and accurate to the best of my/our knowledge. I/we understand that if I/we have not given full, true and complete information to the best of my/our knowledge, my/our application may be denied. Race, color, gender, sexual preference, religion, national origin or handicap will not be a deciding factor.

_____ _____

Signature Date

_____ _____

Signature Date