





# **Intake Application**

| Enter  | Date: |
|--------|-------|
| Exit D | ate.  |

|     | PLEASE PR                                   | RINT ALL INFORMATION  |
|-----|---|---|
| PAR | RT 1: GENERAL INFORMATION                   |   |
|     | Female Head of Family with children, MHFM N | P Opposite Gender 2 parents, SG2P Same Gender 2 parents, FHFM<br>Male Head of Family with children, FM family with no kids, SF or SM<br>D other.) |
| 9   | 2. Head of Household Name:                  |   |
|     | 3. Marital Status                           |   |
|     | Single                                      |   |
|     | Married                                     | Separated   |
|     | Divorced                                    | Engaged   |
| 2   | 4. Education Status: Grade School           | Technical school  |
|     | No High school/GED                          | College   |
|     | HS Diploma/GED                              | Graduate School   |
| 5   | 5. Employment Status:                       |   |
|     | Full – time                                 | Temporary   |
|     | Part – time                                 | Unemployed  |
| 6   | 5. Employer:                                | City:   |
|     | Contact Name:                               | Contact Phone:  |
|     | Schedule:                                   |   |
| 7   | 7. Second Head of Household:                |   |
| 8   | 3. Marital Status                           |   |
|     | Single                                      | Divorced  |
|     | Married                                     | a a   |

| 19. Does anyo     | one in your nousehold have reliable transporta    | tion? Yes           | NO   |  |
|-------------------|---|---------------------|--|--|
| Make:             | Model:  | Year:               | Color:   |  |
| 20. Does anyo     | one in your household have a driver's license?    | Yes No              |  |  |
| 21. Do you or     | a family member currently have any legal issu     | es?Yes No           |  |  |
| If so, what       | t?  |                     |  |  |
| Are there a       | any upcoming court dates and when?                |                     |  |  |
|                   |   |                     |  |  |
|                   |   |                     |  |  |
| rt II: Please pro | ovide information on each child that will be e    | ntering the progra  | m with you   |  |
| Child 1:          |   | 0 1 0               |  |  |
| Name:             |   |                     |  |  |
| Age:              |   |                     |  |  |
|                   | or daycare:                                       |                     |  |  |
|                   | physical, behavioral, or emotional barriers/dia   |                     |  |  |
|                   |   |                     |  |  |
|                   |   |                     |  |  |
|                   |   |                     |  |  |
| Child 2:          |   |                     |  |  |
|                   |   |                     |  |  |
| Age:              | ¥.  |                     | Carrier 1 on 1 o   |  |
|                   | or daycare:                                       |                     |  |  |
|                   | physical, behavioral, or emotional barriers/dia   |                     |  |  |
| The there arry p  | priyolear, behaviorar, or emotional barriers, dia |                     |  |  |
|                   |   |                     |  |  |
|                   |   |                     |  |  |
|                   |   |                     |  |  |
| Child 3:          |   |                     |  |  |
|                   |   |                     | The state of the s |  |
| Age:              |   |                     |  |  |
|                   | or daycare:                                       |                     |  |  |
| Are there any p   | physical, behavioral, or emotional barriers/dia   | gnosis staff should | know?  |  |
|                   |   |                     |  |  |

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Do you have a high school diploma/GED?

If not, do you want to get your GED?

Is anyone in your family attending college?

If so, who and where?

Are you interested in learning how to obtain a certification or other schooling?

#### **CHILDCARE and CHILD EDUCATION**

Are your school aged children enrolled in school?

If yes, where are they enrolled?

Do you have childcare for those children not in school?

If yes, what are those arrangements?

Do you need childcare for those children?

Do you need to apply for Title XX funding?

#### **JOB AND FAMILY SERVICES**

Does your household currently receive any benefits from Job and Family Services?

**Food Stamps** 

Medical

Title XX

**TANF** 

Other

Do you have any current or past cases with CPS?

What county is your JFS case through?

**PARTNER AGENCIES** 

Are you currently connected with ANY agencies, other than Family Promise?

Agency Name:

Case Worker:

**Contact Information:** 

Do you have any upcoming appointments?

Agency Name:

Case Worker:

**Contact Information:** 

Do you have any upcoming appointments?







## **Expectations for Communicable Diseases or Conditions**

Due to so many people sharing this space, I agree to inform staff immediately if I show symptoms of any communicable disease or condition, beyond daily screens and checks. This includes but is not limited to: COVID-19, Hepatitis A, Hepatitis B, Lice, Bed Bugs, etc.

Regarding COVID-19, if tested, I agree to contact Family Promise staff immediately upon notification of results so that appropriate quarantine and isolation actions can be taken if test result is positive. Any negative results must be reported as well. Documentation, official results or a phone call from a medical professional will be required.

| Resident Signature | Date |
|--------------------|------|
| Resident Signature | Date |
| Staff Signature    | Date |

Please immediately contact Gwyn Stetler, Community Minister & Executive Director as well as Tonia, Director of Housing and Family Services.

gwyn:

gwyn@fp-housing.org

Callie

callie@fp-housing.org

Jennifer

jennifer@fp-housing.org







# **Guest Guidelines and Expectations**

Welcome to Promise House and Impact Station. The following Guest Guidelines and House Rules have been established in order to provide a comfortable environment for your family and for the respect and safety of all guests.

Below are the primary goals for every guest. Additional goals will be determined with the Case Manager. Goals may be adjusted at any time in collaboration with Case Manager and/or the Director.

**Employment** 

Transportation

Affordable Housing

Parenting Skills

Sustainable Budget

Self-Care Skills

Childcare

Family Promise provides guests up to 40 nights in our shelter, along with a network of staff, volunteers, and board members to support and walk with you.

By initialing and signing the below guidelines and expectations, you acknowledge your complete understanding of the below information and agree to ensure all family members comply.

| 1. | I/we understand that all clothing and linen coming into the house must be put into the bed bug      |
|----|---|
|    | baker to prevent bed bugs from entering the shelter.  |
| 2. | I/we will not enter the office area without permission. I must have a staff member with me while    |
|    | entering the office area.   |
| 3. | If not currently employed, I/we will create an employment plan with my case manager.                |
| 4. | Understand that part-time, commission, or temporary jobs may be accepted to provide                 |
|    | supplemental income while you continue to look for stable full-time employment.                     |
| 5. | You or someone in your household will seek at least 3 housing resources every day. I will submit my |
|    | housing contacts at case management appointments. This 15 – 20 searches a week.                     |
| 5. | I/we will seek financial assistance/benefits every day until in place for all members of my family. |

excited from the program. 20. \_\_\_\_ Theft will not be tolerated. This includes taking items from other guests, staff, volunteers, churches, or other people/places that you may come in contact with while participating in the program or borrowing items without permission. Staff reserve the right to search Guest rooms, vehicles, or personal belongings without prior notice. Theft will result in disciplinary action which may include immediate removal from the program. 21. \_\_\_\_ I/we will attend work on the days and times scheduled by my employer, and my children will attend school/daycare on the days and times scheduled, unless illness prevents attendance. I/we will keep staff informed of my location/plan for the day by signing in and out. Must show a doctor note for appointments. 22. \_\_\_\_ I/we understand that if I or my family has a contagious disease/ illness or feels ill, I must notify the Director or staff immediately. Other housing arrangements may be made until the person is no longer contagious. 23. I/we understand that all medications must be reported to my Case Manager for documentation and stored away, out of reach of children, for safety reasons. 24. \_\_\_\_\_ I/we will help keep all areas clean by picking up after my family and completing my assigned daily chores. This includes toys in the playroom. My family will eat only in the kitchen or dining area, and I will do any dishes my family uses. 25. \_\_\_\_ I/we understand that doing my blessings (chores) are a part of the program and to be done every day. 26. \_\_\_\_ I/we understand that dirty laundry items used by my family at the Family Promise must be washed by me, including towels. I will not leave Family Promise while my laundry is in the washer or dryer. 27. \_\_\_\_\_ I/we will not use program computers to view any illegal, offensive, or inappropriate material. I will avoid downloads due to potential virus issues. I/we will limit printing to only necessary items related to my case goals. 28. \_\_\_\_\_I/we understand that Family Promise or Host Churches are not responsible for lost or stolen items. 29. \_\_\_\_ I/we will wear clothing that appropriately covers my body at all times. I will not exit the bathroom until I am fully clothed. (No sagging pants, exposed cleavage, booty shorts, nightgowns, loungewear etc.)

item that could be used as a weapon at any facility, the police will be called, and I will immediately be







# **Housekeeping Items for Impact Station**

- WIFI= GoBucks 2022
- Family Promise is a 40-day program. You are expected to gain employment and locate housing within that time.
- You or someone in your household will be responsible for completing the Keys to Good Tenancy Certification the first week of your stay.
- Be respectful of others and computer time. There will be a sign up sheet and schedule.
- The mailbox is for staff use only. Guests are not permitted to access the mailbox at any time.
- Each room is scheduled on a specific day to do their laundry. Respect these days. Sundays are open and anyone can do laundry on this day.
- Each room will have a designated shower schedule as well.
- It is important that we have your work schedule.
- If you are late for either the 5:30 pm curfew or 9:00 pm curfew, staff will need a phone call and proof of why you were late. No nights out
- You are expected to meet with your case manager at least once a week.
- Communication during your stay at Family Promise is extremely important. It is crucial
  to keep staff updated on changes in scheduling, housing, tasks on your case plan, and
  plans to leave the program.
- Short term solution. Consider a plan B in case your family is not successful. Exit interviews are scheduled
- If a decision is made to leave the program, residents are expected to remove their items immediately. If items are removed by staff items will be placed on the porch allowing families to pick up their belongings within 24 hours of exiting the program. If items are not picked up in the time allotted items will be recycled.
- Cameras are located in every room except the sleeping rooms and bathrooms.

### PLEASE KNOW FAMILY PROMISE IS NOT RESPONSIBLE FOR THE FOLLOWING:

- 1. CLEANING ROOMS
- 2. MAKING SURE ALL LINENS ARE PLACE IN THE LAUNDRY AREA LOCATED IN TONIA'S OFFICE SPACE.
- 3. STORING ITEMS

We acknowledge this is a difficult circumstance for your family. This is an emotional process for all involved. As much as possible, Family Promise staff ask that residents avoid a hostile environment during the process of exiting. No physical or verbal aggression will be tolerated. If staff believe the environment is no longer safe or comfortable, authorities will be contacted immediately.

If you have any questions or concerns, please contact your case manager. Gwyn and Tonia are also available.

Much Respect,

Jennifer Arnold Director of Impact Station Family Promise 937jennifer@fp-housing.org

Callie Brame
Director of Promise House
Family Promise
740-362-7817
Callie@fp-housing.org

| Resident Signature:     |      | ē. |
|-------------------------|------|----|
| Resident Signature:     |      |    |
| Case Manager Signature: | - 25 | _  |







# Non-compliance

We want you to succeed. If you are unable or unwilling to abide by these rules and guidelines, you will receive a corrective action. Your children count on you, so consider your decisions carefully.

We will provide support and coaching to work with the guidelines and find solutions.

- Warning: A verbal or written statement showing that you have broken a guideline but are given a chance to remedy the situation.
- Corrective Action: A written notice that you have broken a guideline and/or the situation was not remedied. If three corrective actions are issued, you will be asked to leave the program. We will refer you to other resources that may be a better fit for you.
- o Immediate Dismissal: In the case that you are asked to leave immediately (for serious program non-compliance), any personal effects from Family Promise will be retrieved and you will need to make transportation arrangements to be picked up no later than 5:00 pm that day.

| Guest Signature 1: |   | Date: |
|--------------------|---|-------|
| Guest Signature 2: |   |       |
| Staff Signature:   | y |       |