



Family Promise Homeless Shelters Self- Certification of Homelessness

I, _____ certify that I am homeless at the present time. My homelessness began on ____/____/____.

By signing below, I certify that the information presented in this statement is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services.

Client Signature 1: _____

Client Signature 2: _____

Staff Signature: _____

Date: _____



Release of Liability

I understand that Family Promise, the congregations, and all volunteers affiliated with the network are providing hospitality to me and my family to the best of their ability and with good intentions. I agree to hold them harmless and release them from liability while providing hospitality to myself and my family.

Guest 1 Signature: _____

Guest 2 Signature: _____

Date: _____

Emergency Medical Release

In the event of a medical emergency, I give Family Promise permission to secure emergency medical treatment for me and any of my family members while we are guests of the network. I also authorize sharing any and all information about me and my family members regarding any medical needs with healthcare providers. By signing below, I signify that all members of my family are included in this medical form.

Guest 1 Signature: _____

Guest 2 Signature: _____

Date: _____



AUTHORIZE TO PHOTOGRAPH AND VIDEO

My signature (s) below indicate that I fully authorize Family Promise, the network of congregations, our funders, and any authorized entity to videotape or photograph members of my family. This also acts as a release to use the aforementioned for the purpose of related purposes such as but not limited to recruitment of host and support congregations and recruitment of volunteers. Choosing not to sign this will not impact the services you receive as a part of the Family Promise emergency shelter program.

NAME OF CHILD/REN:

_____	_____
_____	_____
_____	_____

Name of Adult (s):

Signature of adult 1: _____

Signature of Adult 2: _____

Date: _____

CONFIDENTIALITY AGREEMENT

I, _____, acknowledge that during my stay at Family Promise, I may learn facts about individuals that are also participating in this program. All information pertaining to residents or children must be kept highly confidential. By signing this agreement, I understand and agree not to discuss or disclose (now or in the future) any information pertaining to persons staying within the care of Family Promise.

I hereby recognize and agree to keep all information pertaining to or concerning other residents confidential.

Guest Signature 1: _____

Guest Signature 2: _____

Date: _____



Family Promise Client Authorization to Release and Exchange Information

I, _____ the undersigned hereby request and authorize Family Promise and Impact Station to release to the person (s) listed on the page to follow any and all information or records concerning or related to my status with Family Promise and Impact Station and contained in my personnel file, including but not limited to name, date of birth, case progress, telephone number, social security number, or information related to personal electronic communication devices or other information which is not ordinarily open to public inspection and which may constitute an invasion of my personal privacy.

I agree that with my signature I will not/do not hold Family Promise or Impact Station liable for information being shared with the list of agencies I have received and am aware that the staff are sharing this information for the sole purpose of case management and helping myself complete the necessary steps needed to follow through with my case management.

I understand that at any given time, I can request this release of information no longer be valid by way of a written request addressed to Family Promise and Impact Station, at which time, I am voluntarily removing myself from the shelter's program.

This release is valid for one calendar year from the date in which it is signed.

Name: _____

SSN: _____

DOB: _____

Phone: _____

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____



Family Promise Shelter Program Grievance Policy

Family Promise strives to maintain a fair and equitable living environment for all residents. As part of this process, we adhere to the following Grievance Policy for all disciplinary actions involving residents:

1. Should a resident receive correction action and feels as though they were not given ample reasoning or direction leading to the corrective action, residents are given 24 hours to fill out a grievance form, located outside the office door, and not shown to any staff members.
2. Grievance forms will be reviewed by the Promise House Director and the Case Manager; they have 24 hours (unless it is over the weekend), to respond to a resident's grievance. Residents will be given the opportunity to meet with the Director of Housing and Development and the Case Manager to review the grievance.
3. Should the resident feel as though their grievance has not been resolved by the Director of Housing and Development and Case Manager, the resident may request the grievance to be reviewed by the Executive Director via written request.
4. If a resident is not satisfied with the Executive Director's decision, they may request in writing an appeal to the Shelter's Board of Trustees. The Board of Trustees may review all of the efforts that have been made to resolve the grievance, and decide to either uphold the decision, or revoke the correction action.
5. Residents are to continue abiding by Family Promise and Impact Station's rules regardless of if the grievance is upheld or removed from the resident's file.

Any decisions rendered by the Board of Trustees are understood to be final.

Any residents who exhibit ANY, violent, threatening, or exceedingly disruptive behavior will be TERMINATED immediately. Family Promise and Impact Station have a zero policy for any such behaviors and residents will not be permitted back to either property at any time.

By signing, I acknowledge that I have read, and fully understand the above stated policy.

Resident Signature: _____

Date: _____

Resident Signature: _____

Staff Signature: _____

Date: _____