



Supervisor Intake Checklist: (Check that all fields on all documents are complete)

Household Last Name: _____

Date: _____

Completed by Supervisor

- 1 _____ NSOR check and result annotated on Guest Status/Notes/Log Sheet in file
- 2 _____ Identification Verification Page - Supervisor fills out

Completed By Guests

- 3 _____ Demographic Information
- 5 _____ Race/Ethnicity Info
- 7 _____ Barriers Page
- 9 _____ Child School Info

Review With Guests During Completion - Keep in file

- 11 _____ Additional Info
- 13 _____ HMIS consent form (Front & Back)
- 15 _____ Consent to Release Info to a 3rd Party
- 17 _____ Guest Waiver of Liability
- 18 _____ Case Management
- 19 _____ Photo/Video Release
- 20 _____ Cores Values
- 21 _____ Anti-Discrimination
- 22, 23 _____ Guest Decorum (Front & Back)
- 24 _____ Suspension Agreement
- 25 _____ Right to Grievance
- 26 _____ Personal Belongings Agreement
- 27 _____ Shelter Schedule, Expectations and Safety Agreement
- 28 _____ Animal Agreement
- 30 _____ Staff Signature

Give To Guests

- 32 _____ Quick Sheet - Review with guests. To be complete prior to initial case-management appointment.
(Guest is responsible to make an appointment with case-manager.)
- 33 _____ Shelter Schedule, Expectations and Safety Agreement copy
- 34, 35 _____ Welcome Guide



37, 38_____ Good Neighbor agreement

IDENTIFICATION VERIFICATION

Name of Guest(s) (List both adults in household) _____

Does guest have Driver's License, Passport, Military Card or State issued ID card? Y_____ N_____

If so please copy ID and put a copy in their file.

If guest does not have a state issued ID please do the following:

Ask: What is the main barrier for not having attained legal ID? _____

Acceptable alternate forms of identification - (Preference in order)

Military ID	Medical Insurance cards
Birth Certificates	DSHS document with names and birthdays
Credit/Debit Cards	SSI documents with names and birthdays
Costco Card	CPS documents with names and birthdays
Library Card	Social Security Cards
Utility bill	School transcripts/School ID
Marriage/Divorce License	Jail Booking ID documents
Fishing/Hunting License	Medical bill with name and birthday
Prescription bottle with name and birthday	

*Other forms may be used at the discretion of the supervisor but the goal will be to obtain ID while residing at Open Doors since not having valid ID will be a barrier to establishing employment and/or housing

Alternate form of ID accepted for (Guest Name)_____

Form of alternate ID accepted _____

Alternate form of ID accepted for (Guest Name)_____

Form of alternate ID accepted _____

Supervisor Printed Name _____

Supervisor signature _____ Date: _____



Demographic Information

2002 E Mission Ave
Spokane, WA 99202

INTAKE DATE _____

HMIS # _____

****IS ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER? Y / N**

ANON: Y/N

Personal Phone number: Name: _____ Number: _____ (safe to leave message? Y/N)

Name: _____ Number: _____ (safe to leave message? Y/N)

Safe Alternate Phone Number to leave message: Name: _____ Number: _____

Emergency Contact: Name: _____ Phone Number: _____

Household Members (First and last names of each person listed on separate line)	Male/ Female	Relationship	B-Day	Last four of SSN	Income source (Job, TANF, SSI, SSDI, Child Support) _____ \$ amount monthly	Employer
		Self			_____ \$	
					_____ \$	
					_____ \$	
					_____ \$	
					_____ \$	
					_____ \$	
					_____ \$	
					_____ \$	

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Please answer the following questions about race **RACE-** Check **all** that apply for **EACH** family member

<u>Full Name</u> <u>(First, Last)</u>	<u>Hispanic/ Latino</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Black or African American</u>	<u>Native Hawaiian Or Pacific Islander</u>	<u>White</u>	<u>Unkn</u>	<u>Refuse</u>

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PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT BARRIERS FOR EACH FAMILY MEMBER

Full Name (First, Last)	Alcohol Abuse	Developmental Disability	Chronic Health Issues	Drug Abuse	HIV/AIDS	Mental Illness	Physical Disability	Are any Conditions Indefinite?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Please list any documented disabilities or chronic health issues as well as any major allergies:

Please list Indefinite Conditions for each family member (Alcohol Abuse, Developmental Disability, Chronic Health Issue, Mental Illness,):



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School Verification Page

Please answer for all children in your care:

Childs Name	Highest grade completed	Current Enrollment Status (Y/N)	Attendance Status (Regular, Irregular, Drop out, Suspended, Expelled)	School type (Public, Private)	School Name	Connected with McKinney-Vento School (Y/N)

****IF YOUR CHILD(REN) IS/ARE NOT ENROLLED IN SCHOOL AT THIS TIME PLEASE INDICATE THE REASON WHY BELOW.**

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Additional Information

Vehicle Make _____ Model _____ Year _____
 Color _____ Lic # _____

Last permanent address (last address you lived where you did not consider yourself to be homeless:

_____ zip _____

Where did you stay last night? _____

How long at this location? _____ Days/Months/Years

If less than 7 nights, where did you stay immediately prior to that?

How long at this location? _____ Days/Months/Years

Approximate date you became homeless ____/____/____

How many times have you been homeless in the last 3 years? _____

Total # of months you have been homeless all together in the last 3 years? _____

Have you used our shelter before? **Y/N** If yes when? _____

Child under 18 in your care? **Y/N** - Supervisor verification of child/children/preg **Y/N**

Household members who are
 veterans _____

Honorable Discharge? **Y/N**

****Please check all that you currently receive****

<input type="checkbox"/> Foodstamps	<input type="checkbox"/> Housing Voucher (Current)
<input type="checkbox"/> CPS/FPS (Open case)	<input type="checkbox"/> Veteran Services
<input type="checkbox"/> RRH (Rapid Rehousing)	<input type="checkbox"/> SNAP assistance

Health Insurance **Y/N** Household members covered: _____

Health Insurance Source: State _____ Private _____ Employment _____ Medicaid _____ Medicare _____ Other _____

Anyone in the household pregnant **Y/N** If yes who: _____ Expected due date: _____

****If you are qualifying for our program based on pregnancy alone you will be required to bring in verification of pregnancy on the next business day****

DOMESTIC VIOLENCE QUESTIONS

Are you Currently fleeing a DV situation? **Y/N** If so do you wish to be entered in HMIS anonymously? **Y/N**

Date of most recent DV incident: _____

Is there a No Contact or any other Court Order in place? **Y/N**

If you are fleeing DV, have you contacted the YWCA? **Y/N**

If not, please ask supervisor for the YWCA phone number to call.

If you wish to be anonymous AND you have registered with the **HFCA**, we will need your **HMIS #** - This number is assigned to you by the HFCA - If you have not registered with the HFCA we can assign you an anonymous HMIS #

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Client Release of Information Spokane CMIS

IMPORTANT: Do not enter personally identifying information into CMIS for clients who are: 1) in DV agencies, 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; or 3) do not want to provide personally identifiable information . If this applies to you, STOP- Do not sign this form.

This agency participates in the Homeless Management Information System (CMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in the region. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. We need: name, birth date, race, ethnicity, social security number, etc. You may be asked questions on topics like: income sources, veteran status, education, and disabilities. This information is used to improve the quality of service you, and others like you, receive. You have the right to refuse to provide this information. The information you provide for inclusion in the CMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing.
- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption and unique passwords for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in CMIS has been misused, immediately contact City of Spokane, HMIS System Administrator, at 509.625.6325.
- In order to get an accurate count of all people experiencing homelessness in the region and improve homeless services that you and others like you receive, the information you provide may be shared with other service agencies and the WA State Dept. of Commerce. You may request a comprehensive list of agencies that have access to your information via written or verbal request to the agency that collected your information. A list of agencies is also posted at www.spokanehmis.org.

_____ I consent to the inclusion of personal information in CMIS about me and any dependents listed below and authorize information collected to be shared with other local service agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

_____ I do not consent to the inclusion of personal information about me or any of my dependents.

Dependent children under 18 in household, if any (please **print first and last** names):

_____	_____
_____	_____
_____	_____

_____ CLIENT SIGNATURE (adult)	_____ Date	_____ CLIENT SIGNATURE (adult)	_____ Date
_____ CLIENT NAME (Printed)	_____ Date	_____ CLIENT NAME (Printed)	_____ Date

_____ Staff Signature	_____ Date
_____ Staff Name (Printed)	_____ Agency

For Staff Use Only

_____ Client did NOT consent to the inclusion of personal information in CMIS for themselves or any dependents.

_____ Staff Name (Printed)	_____ Staff Signature	_____ Date
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_____ Staff obtained telephonic consent from client and dependents under 18 as listed above. Note: Written consent must be obtained at the first time the client is physically present at an organization with access to the HMIS system.

_____ Staff Name (Printed)	_____ Staff Signature
_____ Date	

Agency _____

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**CONSENT TO RELEASE INFORMATION TO A THIRD PARTY FROM FAMILY PROMISE/OPEN DOORS SPOKANE
CONFIDENTIALITY STATEMENT**

As a client or former client of a Family Promise program, you must give Family Promise/Open Doors written permission before it will discuss or otherwise exchange your information with a third party (e.g., a probation/parole officer, lawyer, relative, agency, etc.), including the mere confirmation of whether you participated in a Family Promise program. You may request a review of your counseling or other records with a staff person at a reasonable time. However, the confidential information of other individuals may not be reviewed absent their written consent on a form like this one. In order to provide you the best service, Family Promise/Open Doors may internally exchange information between its different components on a need-to-know basis. Under all circumstances, your confidentiality will be respected and guarded.



This notice and consent-to-release form describes how mental-health, substance abuse-related, and other information about you may be used and disclosed and how you can obtain access to such information. Please

review it carefully.

NOTICE TO AGENCY OR INDIVIDUAL RECEIVING CONFIDENTIAL INFORMATION: This information has been disclosed to you from records that may be protected by federal and state confidentiality rules (e.g., those codified at 42 C.F.R. part 2, those of the Health Insurance Portability and Accountability Act ("HIPAA"), or other applicable laws and regulations). Generally, the federal and state rules prohibit you from further disclosing this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by applicable laws and regulations. A general authorization for the release of medical or other information is NOT sufficient for that purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient being treated for alcohol or substance abuse.

CLIENT'S RELEASE OF CONFIDENTIAL INFORMATION

Your records are considered confidential and may be protected by federal law and regulations. They will not be released to other individuals or agencies without your written consent, which you are providing through this form. However, certain information protected by 42 C.F.R. part 2 may be released without your authorization under the following circumstances:

1) Upon Family Promises' receipt of a legitimate court order; 2) to medical personnel in a medical emergency; 3) to qualified personnel for research, audit, or program evaluation; 4) if you threaten or commit a crime on the program premises or against Family Promise personnel; 5) if there is evidence to suggest child abuse or neglect, or risk of harm to a child; 6) if you pose a threat of serious harm to self or to others; 7) if necessary to provide a counseling-related service, Family Promise staff may internally share your information with other Family Promise staff, strictly on a need-to-know basis; and 8) if there is a Qualified Service Organization Agreement ("QSOA") in effect for a specific service, e.g., laboratory or medical services. Violation of certain confidentiality rules is a crime and may be reported to Family Promise. Please ask Family Promise staff for help if you are concerned or need assistance understanding any part of this form.

EACH SECTION MUST BE COMPLETED

I. I, _____, hereby knowingly and voluntarily consent to and authorize the release of information from my records as specified below.

II. The information may be exchanged between the following persons/organizations:

Name of Facility: Family Promise/Open Doors of Spokane Address: 2002 E Mission Ave, Spokane, WA 99202

and

Name of Individual, Agency, or Facility: Salvation Army of Spokane – DSHS - CPS - DCYF - Passages - SHA - SVA - Vanessa Behan - Catholic Charities - HFCA - Spokane Public Schools, Frontier Behavioral Health, St. Margarets - Any agency deemed appropriate by FPS

Other: _____

Address: _____

III. These persons/organizations may communicate regarding and disclose to each other information related to me and my household

****The information to be released may be communicated to a 3rd party: In writing, verbally or electronically**

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it. This authorization must be revoked in writing for data protected under HIPAA but may be revoked orally for data protected under 42 C.F.R. part 2. One of the persons/organizations to which information is being released can provide you with a form for revoking your consent, if applicable. If this authorization is not specifically revoked earlier, it will terminate after: **One year from date of signature below**

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or healthcare operations, if permitted by law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

****Above mentioned consent will include information about any minor children in my care**

Dependent children under 18 in household, if any (please **print first and last** names):

Client Signature

Date

Client Signature

Date

****MUST BE SIGNED BY ALL ADULTS IN HOUSEHOLD****

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GUEST WAIVER OF LIABILITY AND DISCLAIMER
(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge and agree to the terms of Family Promise Open Doors Shelter, 2002 E Mission Ave, Spokane, WA. 99202

I am at least eighteen (18) years of **age (if under 18, parental consent needed)** and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I



I DO HEREBY EXEMPT AND RELEASE FAMILY PROMISE, ITS OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, STAFF, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS AND/OR ANY THIRD PARTIES ARISING OUT OF THE PROJECT, WORK ASSOCIATED WITH THE PROJECT, OR MY PARTICIPATION IN THE PROJECT.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME, MY CHILD, OR MY SPOUSE (AND MY OR THEIR RESPECTIVE ESTATES, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING SOLELY OUT OF MY ACTS OR OMISSIONS THAT OCCURRED DURING THE PROJECT, WORK ASSOCIATED WITH THE PROJECT, OR MY PARTICIPATION IN THE PROJECT.

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Washington and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.

****MUST BE SIGNED BY ALL ADULTS IN HOUSEHOLD****

Print name _____ Signature _____ Date: _____

Print name _____ Signature _____ Date: _____

Name(s) and Age(s) of Child(ren) in my household:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Open Doors Case Management acknowledgement of understanding

Open Doors case management is a guest driven service. This means you are always in the driver's seat for finding stable housing for you and your family. It is up to you to start the case management process. You are responsible for setting up the 1st in-person appointment with the case manager and complete weekly goal plans to come up with a 30 day exit to housing plan. The case manager encourages you to check in on a weekly basis. This can be done in person or over the phone. It is your responsibility to contact the case manager for updates and follow ups.



Case Management:

What it is-

- Will help you and your household navigate the resources offered in Spokane.
- May be able to advocate on your behalf.
- Will help you navigate any concerns that may come up pertaining to Open Doors Shelter.
- Will help you gather documents needed for certain housing programs.
- May help complete a housing assessment so you can apply for referrals to other shelter programs.
- Will help you complete weekly goal plans to gain housing stability.
- May help pay for 1 rental application fee.
- May help with a daily or 2 hour bus pass if they are in stock.
- May help with funds to travel to other support networks, if funds are available.
- May give extensions to 30 day agreement if you are actively working toward stability

Guest signature *Date*

Guest signature *Date*

Family Promise of Spokane Photo/Video Release Form

I, _____ (please print), grant permission to Family Promise of Spokane and its employees, volunteers, and affiliates the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Family Promise of Spokane and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview, with or without



my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation and understand that this release shall remain in effect until terminated in writing.

I acknowledge that I am ☐ over the age of 18 AND ☐ the legal guardian of the following:

Dependent children under 18 in household, if any (please **print first and last** names):

_____	_____
_____	_____
_____	_____

I extend the expressed permissions, liability releases, and waivers, as stated above, for all minors listed, without restrictions. I understand that further permission will be deemed necessary prior to releasing and/or publishing the name of a minor with regards to photographs and/or video images.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Family Promise Core Values:

At Family Promise we are guided by a set of core values that inform each aspect of what we do. All of our staff, volunteers, and guests are asked to think about and use these values to guide your interactions with staff, volunteers and guests.

All adults, must read and initial that you understand Family Promise's Core Values.



I agree that in all of my interactions with Family Promise I will try to:

_____ **Be Non-Judgmental:** “We all have issues, so let’s cut others some slack.”

_____ **Be Respectful/ Compassionate:** “People deserve our respect and concern.”

_____ **Be Present:** “The person in front of you is the most important at that moment”

_____ **Be Competent:** “Be excellent and if we don’t know something find the answer”

_____ **Be Empowered:** “You can do it and you can help others know they can do it.”

Bonus Value:

_____ **Be a Great Neighbor:** “You are what others know of us.”

We exist in a community with other organizations, businesses and homes. Some of whom did not want a homeless shelter in their community because they thought it would detract from the community. We acknowledge this and want to change their minds. So we strive to be great neighbors and improve the community we are in. We pick up trash, clean up the outside of the building, and to take care of the space we have been provided. We don’t yell, curse, or disturb our neighbors. We want the neighbors and community to never want us to leave.

Signature (Each Adult must Sign): _____

Date: _____

OPEN DOORS FAMILY SHELTER
2002 E Mission Ave
Spokane, WA 99202
509.723.4663

Understanding of Anti-Discrimination Policy for Guests, Staff and Volunteers

Open Doors welcomes individuals who are heterosexual, bisexual, gay, lesbian, transgender and/or gender non-conforming, of different races, classes, religions, ages, protected classes and backgrounds. We do not discriminate based upon gender identity or gender expression, and as a guest, staff and/or volunteer, I agree to address individuals by their preferred gender pronoun. By signing this



statement, I agree to be respectful of program guests, volunteers and staff. I understand that any

oppressive or abusive language or actions are not acceptable, and that I am bound by law to keep any personal information I learn about a client confidential. If I have any questions about this procedure, I can ask a staff member to explain it to me.

If a program guest, volunteer, or staff member is acting in an abusive or oppressive way towards me, I know that I can report this behavior (either verbally or in writing) to a staff member. If I feel that the issue has not been addressed, I can then report it to the Program Manager. If the issue has still not been appropriately addressed, I can bring the issue to the Director.

****Please ask Staff for the "Complaint" form if you would like to place something in writing. ****

Guest Signature _____ Date: _____

Guest Signature _____ Date: _____

GUEST EXPECTATIONS AND DECORUM AGREEMENT

(All Adults must initial after reading each line and sign)

I Will Be Expected NOT To:

_____ **Be Violent or Aggressive:** I understand that Open Doors staff has the right to ask me to leave **immediately** if I am believed to be a threat to another guest, volunteer or staff in any way. I understand that violence or aggression of any kind (physical, verbal or emotional) is NOT tolerated.

_____ **Have Drugs, Alcohol, or Weapons:** I understand that the use, possession, or sale of drugs or alcohol is **NOT** permitted on the Open Doors premises. I agree that I will not bring weapons of any kind on the Open Doors premises. **** If there is a valid suspicion of drug use or possession on the shelter property, a supervisor may ask to look through my belongings. This is in an effort to ensure the safety of the other guests and their children.**

_____ **Leave Children Unattended Out of My Line of Sight:** I agree to supervise my children at all times. Parents are responsible for care and "line of sight" supervision of children at all times. **Parents may never leave the building while your child remains in the building for any length of time.** This applies to children of all ages. (While in the kitchen, Children may be in the dining room, and be regularly checked on)



I understand that if I Do any of the above mentioned things I may be written up, suspended or terminated from the shelter. I also understand that after 3 write-ups (whether I signed them or not), I may be suspended or terminated from using this shelter.

We also expect our guests to NOT do any of the following:

_____ **Spank, Yell or Curse:** I understand that **spanking and/or yelling are not acceptable forms of parenting** at Open Doors. Cursing, spanking and yelling are not allowed at Open Doors.

_____ **Touch, Pickup or Hold Someone Else's Child:** I understand that I may never, under any circumstances, put my hands on another guest's child for any reason. This includes: spanking, grabbing, pushing, lifting, tickling or holding babies. I may side hug or give high fives as appropriate. I may never discipline another guest's child while at Open Doors. **This applies even if you have been given permission by the child's parents.**

_____ **Babysit or Ask Someone Else to Babysit:** I understand I may not, **under any circumstances**, babysit another guest's child while in the shelter and I will not let other guests babysit my child while in the shelter. I understand that supervising and/or disciplining my children is not the responsibility of other guests, volunteers, or staff.

_____ **Sleep in the Day Shelter:** I understand that **Adults sleeping in the day shelter is not allowed** for any reason. Children may nap but not adults. Adults should be looking for work, housing or resources during daytime hours or helping out around the shelter. If there is a medical reason that requires me to rest during the day, I will have my Dr fill out a special accommodation form.

_____ **Lend money or items of any value to another guest.** I understand that Family Promise (Open Doors) is **not** and can not be held responsible in any way, if I choose to lend money or any items of value to another guest. This includes: phone, tablet, laptop, car, money,,.....

_____ I **will not** lend, trade, or borrow food stamps under any circumstances since this is an illegal act and could lead to my family losing the benefit.

_____ **I will NOT use tobacco products** anywhere except for in **designated areas** for both Day Shelter and Night Shelter. This includes rolling, chewing, dipping, refilling, vaping, or any other type of product containing nicotine. I also will **not** allow my under age child to use any product containing nicotine on shelter property.

I WILL BE EXPECTED TO:

_____ **Have My Kids In School:** I understand that all school-aged children must be enrolled in and regularly attending school. Also, I will be looking for and using available preschool programs for my preschool aged children, so I can be looking for employment, housing and resources more efficiently.

_____ **Keep Pets on a Leash or in Kennel and will Not get New Pets:** I understand that my pet is welcome at the shelter and that all pets staying at the shelter must be kept kenneled at night. All pets must be kept on a leash at all times and the leash must be held by a person.. If my pet were to ever bite or harm any individual or other pets they will have to leave the shelter and I will be held fully legally responsible. **I further understand** that if I did not have a pet with me at the time of my intake I will not be allowed to bring one in after, or get additional pets. Pets must leave the shelter with me any time I leave the shelter, unless a signed agreement exists for that day.

_____ **Participate in keeping the shelter clean and sanitary:** I agree to participate in **chores every day in the evenings and mornings** at the day and night shelters. I agree to participate in a positive manner while I am a guest here. I understand that I will be expected to clean up after myself and my children at all times and may sometimes be asked to help clean up after others as well. **Children under 16 are not allowed to sign up for chores on the chore list**, but may help in chores. (If you want your kids to help that is fine, however, adults are ultimately responsible for the completion of the chore.)



_____ **Limit the amount of personal belongings:** I agree to limit my personal belongings inside the Open Doors shelter to what my family needs for the day and to keep these belongings stored in the lockers that are indoors. I understand that unattended personal belongings and food items may be donated after **24 hours** unless I have made prior arrangements.

_____ **Keep my food storage area clean and sanitary:** I understand that Open Doors will provide food for my family when donations are available. I will be allowed to bring in my own food for my family and store it in the food storage area only and if I leave food in any other area of the shelter it will be disposed of. I understand that unattended food items in the food storage area may be donated after **24 hours** unless I have made prior arrangements. Open Doors is not responsible for stolen food.

_____ **Only eat in the dining area or kitchen.** I will **not** bring **any** food into any areas of the shelter that are not designated for eating. I will follow the kitchen hours and clean up after myself and my children after preparing and/or eating.

_____ **Wear shoes and shirts at all times while in the shelter.** I will **not** walk around inside of the shelter or in the parking lot without wearing shoes and a shirt. I will have clothing on top and bottom at night while in my bed in the shelter.

Non-Compliance of the above mentioned expectations does NOT necessarily exclude me from a bed in Open Doors Shelter

****All adults in household must sign****

Guest Name (Print) _____

Guest Signature _____ Date _____

Guest Name (Print) _____

Guest Signature _____ Date _____

SUSPENSION AGREEMENT

In order to create a safe and comfortable environment for children, families, staff and volunteers, Open Doors holds the following expectations of every person using the shelter:

I _____ understand that If I

- Spank, hit, or aggressively handle my child. i.e. throw, push or pull my child etc,
- Yell at my child, other children or another adult in a threatening or aggressive manner,
- Use profanity (cursing) directed at my child, other children, guest, staff, volunteer, or intern,
- Conduct myself in a manner that creates an environment that infringes on the safety, well-being or peace of mind of any guest, staff member or volunteer



I will be asked to leave Open Doors property until 7:00 pm check-in the following night, or until I have met with the Program Manager (depending on severity). If a staff member or volunteer feels that there is ANY question of abuse or neglect of your child they will error on the side of caution and make a report to CPS.

Further, I understand

- This might result in losing my spot at the night shelter
- I may not have another family or staff member sign me in
- It is not my responsibility to tell on other guests
- Hear-say information will not be given credibility
- All incidents must be witnessed by supervisor on shift
- All incidents will be evaluated by supervisor on shift
- I will not be suspended as a result of my child breaking these guidelines

Name:_____

Signature:_____

Date:_____

Name:_____

Signature:_____

Date:_____

*****Please be aware that ALL shelter staff are mandatory reporters, therefore any behavior toward your child that a staff member is concerned about will result in a report to CPS.**

UNDERSTANDING OF RIGHT TO GRIEVANCE AND APPEAL PROCESS

When Open Doors Family Shelter renders a decision with which a guest disagrees or a staff member, volunteer or other guest acts in a way that is viewed by you to be inappropriate or not in line with Open Doors core values, a grievance or appeal process is available to you.

The grievance/appeal process provides you the opportunity to request a reconsideration of a decision that affects your household's eligibility for our programs or file a complaint about a staff member, guest or volunteer's actions or behavior.

The steps of the Appeal/Grievance Process are as follows:

1. Put the appeal or grievance in writing on a Grievance/Appeal form you can obtain from the office, date and sign and be sure to include your phone number. (You may have a representative do this for you). You may choose a staff member, family member, friend or other advocate to represent them through the complaint procedure.



2. Send the complaint to the Program Manager. (There is a locked mailbox outside of the Program Manager's door for complaints and appeals)

3. The Program Manager will make an appointment to discuss the complaint with them within three working days of receiving the complaint.

4. A written report of the Manager's review and initial disposition of the complaint will be given to you within three working days following the appointment day.

5. If you are still dissatisfied, you may request that the disposition of the complaint be appealed to the Program Director of Open Doors.

6. A written report of the decision/disposition of the Program Director of Open Doors will be made available within 15 working days of the date their request for appeal was made,

7. If the complaint is still not resolved under the above guidelines, you may contact the Executive Director of Family Promise directly. The Program Director will ensure that the complaint is brought to the Executive Director's attention. A written response will be provided to you within 30 calendar days.

There will be no retaliation, formal or informal, against you for filing a complaint.

Guest Name _____ Signature _____

Guest Name _____ Signature _____

Date Signed: _____

OPEN DOORS PERSONAL BELONGINGS AGREEMENT

Updated 11/29/19

It is our desire at Open Doors to provide you with a safe place for you, your children and your belongings while you are experiencing homelessness and staying in our shelter - We want you to have a place to store the belongings you will need day-to-day that is safe and clean!

In order to accomplish this, it is necessary to have policies in place regarding personal belongings. We never want to get rid of someone's personal things and this happens only as a last resort at our shelter.

I, _____, an Open Doors Guest, agree to the following terms and conditions for storing and caring for my personal and family belongings.



_____I understand that Open Doors is not liable for any items lost, damaged or stolen during my stay at Open Doors and I understand the importance of limiting items I bring with me to the shelter as well as keeping valuable personal items such as purses and phones with me at all times.

_____I understand that if I bring valuable items to the shelter with me that there is a possibility of my items being lost, stolen or damaged and Open Doors is NOT responsible for replacing them.

_____I understand that I am responsible for keeping my things cleaned up and stored properly within the shelter. I will keep all of my clothing in bags and stored in designated areas.

_____I understand that belongings left unattended in Day or Night Shelter will be donated or disposed of after 24 hours.

_____I understand that if I am caught stealing another guests personal belongings I will have to speak with the Open Doors director and may be terminated from the program. **Please respect your fellow guests.**

Guest Signature _____ Date _____

Guest Signature _____ Date _____

Shelter Schedule, Expectations and Safety Agreement

Shelter Schedule:

- 6:00am Wake up, start cleaning and putting away Mats, Pillows, Blankets.
- 6:45am - 7:00am Have all bedding and mats put back in the appropriate places, and be out of the warming shelter/Night Shelter.
- 7:00am Sign-in, breakfast and daily chores
- 3pm - 6pm Recommended dinner time
- 5pm Nightly check-in - turn in Daily Plan
- 6pm - 7pm Kitchen closes - Chore Check-in at 6pm
- 7pm Night Shelter Check-in and house meeting/announcements
- 8:00pm Night Shelter Doors Locked. If you leave after anytime between 8:00pm and 6am, you may not re-enter the shelter until 7am.
- 9pm Lights out, shelter quiet, headphones please, Device lights dimmed
- 8:00pm - 6:00am Smoking Area/Outside, kitchen area and walk-in cooler area is closed

To be considerate to those sleeping around you, please do not get up and move around once lights are off, since this could disturb other sleeping guests. If you do need to get up early to go to work or get your kids to school, please ask a supervisor on how to put away your bedding.

Night Shelter Expectations:



Everyone sleeps on mats on the floor, so we need to keep the floors in the shelter as clean and bug-free as possible. So we do NOT allow:

- Personal bedding or pillows, except 4x4 blanket for child 12 and under
- Food or drink, except baby food or bottled water
- Strollers

Night Shelter Safety:

We wish to keep the Night Shelter a safe and calming space for families. So:

- There are no designated spots in night shelter.
- Kids must always be in parents' line of sight.
- If using the smoking area, children must accompany parents.
- Cry room is reserved for upset children during the night to use until calm.
- Respite room is reserved for special accommodations that will require Dr written note
- All guests 16 and older are expected to help clean shelter in morning.
- Please help children under 5 use the restroom to help keep restroom clean
- Yelling, screaming, cursing, and spanking are not acceptable forms of discipline at Open Doors and may result in suspension from the shelter and/or be reported to Child Services

Guest Signature _____ Date _____

Guest Signature _____ Date _____

Open Doors Family Shelter ANIMAL AGREEMENT

****Open Doors allows up to two pets per family in the shelter. Pets that are allowed are limited to CATS AND DOGS at this time as our shelter does not have accommodations set up for other types of animals. No new animals may be brought in after the initial intake.**

Is your family bringing an animal with you into the shelter at the time of your intake? **Y / N**
If so, please fill out below agreement and sign.

If NOT, please sign here to indicate that you understand you will not be allowed to bring an animal in the shelter after this point.

Name _____ Signature _____ Date _____

If YES, please continue filling out the rest of this agreement.

I, _____, an Open Doors Guest, agree to the following terms and conditions for the care of my animal(s).

- No animal is to be left unattended by their owners.
- All animals must be kenneled or on a leash at all times.
- Owners are responsible for cleaning up after their own animals. This includes the kennel, litterbox, and outside area.



- Cats must have access to litter box at all times.
- Dogs must be consistently taken outside to go to the bathroom.
- Animals exhibiting aggressive behavior toward people or other

animals may be asked to leave.

- Owners are responsible for any damage or injury their pet may cause property or persons.
- Families cannot bring in new animals after their intake.
- Only animals that are brought in at the time of intake will be allowed.
- Animals that keep other guests up at night will be asked to leave.

If these standards are not met, Open Doors reserves the right to no longer allow the animal to stay in the shelter.

Guest Signature _____ Date _____

Guest Signature _____ Date _____

Type of animal(s) with your family _____

Service animal? **Y/N** Emotional support animal? **Y/N**

****Please list any additional stipulations or amendments to this pet agreement on the back of this page.**

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SUPERVISOR SIGNATURE PAGE

Date: _____

Household name _____

Supervisor starting the intake _____

Supervisor doing the tour _____

Supervisor finishing the intake _____

_____ I have completed and initialed the supervisor checklist.

_____ I have verified that this intake has been completed correctly and I have explained all pages to the guest and ensured that the guest has signed and/or initialed each document in the intake packet.

_____ I have verbally gone over the guest decorum, expectations and daily schedules.

_____ I have given the guest a tour of the shelter and given them the welcome guide, Night Shelter expectations and quick sheet.

Supervisor Signature _____ Date: _____



Supervisor Signature _____ Date: _____

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Quick Sheet - (Give to guest)

Date: _____

Open Doors has a Case-Management team available to help you identify and reduce barriers that are keeping you from sustaining stable housing. Our Case-Managers can assist you in connecting with resources in the community that may be available to you.

If you would like to speak with a Case-Manager, please have one of the Shelter Supervisors get you signed up. There may be a waiting period before you are able to sit down with a Case-Manager. In the meantime, here are some things you should be working before your first Case-Management meeting.

The minimum items you will **need** to have in place in order to be successfully placed in any transitional or permanent housing option are:

- _____ IDs for all adults in the household
- _____ Birth Certificates for all children in the household
- _____ Social Security cards for all household members
- _____ Income verification (Employment, SSI, TANF, Child support...)
- _____ School enrollment verification for all school aged children the the household

HFCA ASSESSMENT: All homeless families in Spokane should go to the HFCA and do an assessment - The address is: 19 W. Pacific Ave. - Walk-in hours are Monday & Wednesday from 12:30pm to 4:30pm and Tuesday & Thursday from 8:30am to 12:30pm - (Closed on Fridays) Phone: (509) 325-5005

***Keep in mind that TANF is not considered to be an adequate source of income alone for most housing options**

_____ 1) **INCOME:** If you are unemployed **and** do not have an income to sustain permanent housing you will need to :

1) Register with WorkSource for assistance with finding employment - WorkSource is located at 130 S. Arthur - Hours: M-F 9-5



2) If you have a disability and are unable to work you will need to contact SSI to apply for benefits - The Social Security Administration is located at 714 N. Iron Bridge Way Ste 100 - Phone # 800-772-1213 - Walk in hours are: M,T,Th,F 9-4 and

Wed 9-12

3) If you qualify for TANF benefits you will need to contact DSHS to apply - The closest office to our shelter is: 877-501-2233 - www.dshs.wa.gov

_____ 2) **CHILDCARE:** Do you need childcare for your children? If so, call DSHS to see if you qualify for daycare through the state or any free preschool programs.

_____ 3) **SCHOOL:** All school-aged children must be enrolled in school. Contact the HEART program to help your child(ren) with transportation to and from school and other school related needs. Ask a staff member when a HEART representative may be visiting Open Doors. **HEART program phone # is: 509-354-7302**

_____ 4) **HEALTH INSURANCE:** Do you need health insurance for your family? If so, apply online at: **WAHEALTHPLANFINDER.GOV**

**** We are unable to help with gas at this time ****

Shelter Schedule, Expectations and Safety

Shelter Schedule:

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- 7:00am Sign-in, breakfast and daily chores
- 3pm - 6pm Recommended dinner time
- 5pm Nightly check-in - turn in Daily Plan
- 6pm - 7pm Kitchen closes - Chore Check-in at 6pm
- 7pm Night Shelter Check-in and house meeting/announcements
- 8:00pm Night Shelter Doors Locked. If you leave after anytime between 8:00pm and 6am, you may not re-enter the shelter until 7am.
- 9pm Lights out, shelter quiet, headphones please, Device lights dimmed
- 8:00pm - 6:00am Smoking Area/Outside, kitchen area and walk-in cooler area is closed

To be considerate to those sleeping around you, please do not get up and move around, since this could disturb other sleeping guests. If you do need to get up early to go to work or get your kids to school, please ask a supervisor on how to put away your bedding.

Night Shelter Expectations:

Everyone sleeps on mats on the floor, so we need to keep the floors in the night shelter as clean and bug-free as possible. So we do **NOT** allow:

- Personal bedding or pillows, except 4x4 blanket for child 12 and under
- Food or drink, except baby food or bottled water
- Strollers
- No flushing feminine products, paper towels, or baby wipes in the toilets of either shelter

Night Shelter Safety:

We wish to keep the Night Shelter a safe and calming space for families. So:



- *There are no designated spots in night shelter.*
- *Kids must always be in parents' line of sight.*
- *If using the smoking area, children must accompany parents.*
- *Cry room is reserved for upset children during the night to use until calm.*
- *All guests 16 and older are expected to help clean the shelter in morning.*
- *Please help children under 5 use the restrooms to help keep them clean*
- *Yelling, screaming, cursing, and spanking is against Open Doors expectations and may result in suspension from the shelter.*

Welcome to Open Doors

Here at Open Doors, we seek to welcome our guests with warmth, respect, and compassion. As a staff, our goal is to provide a safe and caring space for you and your family during your stay here at Open Doors and to empower you as you search for a permanent housing. Please let us know how we can best support you in this transition.

OUR CORE VALUES:

1. Be non-judgemental
2. Be respectfully compassionate
3. Be present
4. Be competent
5. Be empowering
6. (Bonus Core Value) Be a good neighbor

OPEN DOORS TOUR:

Inside the Shelter

Office:

- At all times, at least one Open Doors Supervisor will be at the shelter, along with other interns and volunteers. Please do not hesitate to approach them with questions or concerns -- our staff is here for you!
- You will find the daily sign-in sheet, as well as sign-ups for kitchen, shower/laundry services and nightly chores here at the office

Quiet Area:

- Computers: first priority for adults seeking housing, employment, etc., No children are allowed on the computers

Dining Room:

- Please keep this space tidy (clear dishes, wipe tables after using them, etc.)
- Check out our bulletin board for information about local resources and programs

Kitchen:

- Closed for the night at 6pm
- Come between 4 and 5pm if you hope to cook dinner



- Dry goods:
 - Label personal items and keep them in family bin on shelf
 - Bread and other items labeled "OD" are available to all guests
- Walk in Fridge:
 - Label personal items and keep them properly covered
 - Open Doors food is available to all guests however do not take OD items and put them in your locker
- Freezers:
 - Freezer in the industrial kitchen: Open Doors food is available to all guests - Please ask a supervisor to access this freezer -- all items must be labeled!

Supply Room:

- Extra supplies (toothbrushes, shampoo, towels, diapers, etc.) Please ask a staff member before taking any of these supplies
- Cleaning supplies -- ask staff for access during chore time
- Open Doors is not responsible for stolen food and food left for more than 24 hours unattended on the premises may be discarded. You are encouraged to buy a lock for your food lockers.

TV Area and Kids' Corner

- Child appropriate TV only
- Kids watching TV or playing with toys must be in eyesight of a parent at all times

The Cage:

- All coats, backpacks and any other belongings not in outside lockers need to be stored in the indoor lockers

Outside the Shelter

Parking Lot:

- Hanging out in the parking lot or in cars is not permitted
- Smoking is allowed only in designated smoking area behind the storage container
- Please be respectful of our neighbors
- Please do not leave trash in the parking lot or clean out your car in the parking lot

Storage:

- First come, first serve. -- our lockers are fairly large (about 3'x3')
- Indoor lockers are also available for storage of smaller daily items

Smoking Area:

- This is the only place on Open Doors campus where smoking is permitted

Laundry and Showers:

- Sign up to use laundry/shower services by using the sign-up sheet in the office
- Keep track of when your laundry needs to be moved/taken out!
- Do not leave the campus while you have laundry going

Night Shelter:

- Guests will share a communal sleeping space and will sleep on mats on the floor - there are NO designated sleeping areas. Your sleeping area may change each night

IMPORTANT REMINDERS:

Shelter Safety Protocol:

- ***If you hear a staff member or volunteer blow a whistle, there is a safety emergency in the shelter***

- If this occurs, all guests must respond by taking the following steps:
 1. Find your family members
 2. Clear the area: stand against the wall or move to a safe place away from the situation
- **DO NOT** INVOLVE YOURSELF IN THE SITUATION UNLESS ASKED TO DO SO BY A STAFF MEMBER. FOLLOW ALL STAFF INSTRUCTIONS IMMEDIATELY.

Check-in Times:

- **6pm Night Shelter check-in:** Your family must be signed in and present at the Shelter at this time to be eligible for housing in the Night Shelter - Turn in your completed daily goal sheet to the Supervisor
- **6pm Chore check-in:** We ask that all guests who plan to use our Night Shelter services sign up for an evening chore and are present on time to complete it
 - ***If your family is unable to arrive on time for check-in for a medical or work-related reason, you must provide some form of documented proof upon arrival***

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NOTICE OF NEIGHBORHOOD AGREEMENT AND EXPECTATIONS REQUIREMENT

Family Promise of Spokane operates based on a set Core Values. One of those Core Values is to Be a Good Neighbor. Being a Good Neighbor means that we improve, rather than detract from the neighborhood where we are located. We have worked very hard as an organization to overcome the stigma that comes with a homeless shelter operating in a residential neighborhood in the Spokane community.

To ensure that Family Promise of Spokane continues to be a positive addition to our community and the Chief Garry and South Perry neighborhoods the following Expectations have been added to our intake packet. All guests residing in our shelters and satellite locations are expected to agree to and follow these additional expectations starting today. Any guest unwilling to agree to and follow these expectations will be unable to utilize the services provided by Family Promise of Spokane.

Please read the expectations agreement on the back of this notice and initial next to each one. All adults in the household must initial and sign this agreement.

If you have any questions or concerns about these expectations please talk to a Supervisor or fill out a complaint/appeal form.

Sincerely,

Joe Ader - Executive Director, Family Promise of Spokane

Serena Graves - Program Manager, Open Doors Family Shelter

NEIGHBORHOOD EXPECTATIONS

_____ I will clean up after myself, my children, and my pets while I am on Family Promise property, AS WELL AS, when I am walking around the neighborhood, at the bus-stop, on the sidewalks, streets or near a neighbor's home.

_____ I will be considerate of the properties belonging to neighbors. This includes: Not yelling or swearing at my children or at others while outdoors near neighboring homes, not leaving trash or cigarette butts on the sidewalks, streets, in yards or in parking lots, not playing loud music outdoors near neighboring homes.

_____ I will not stand, sit or walk through the properties of neighbors.

_____ I will not smoke marijuana, drink alcoholic beverages, or use any illegal substance on Family Promise properties or within the neighborhood where Family Promise of Spokane is located. This includes all sidewalks, driveways, or yards near the properties of Family Promise, even if the neighbor invites or gives permission for you to be there.

**** (2002 E Mission's neighborhood is the Chief Garry Neighborhood and it spans from: Trent Avenue North to the Spokane River and Greene/Market Street West to the Spokane River)**

**** (904 E Hartson's neighborhood is the South Perry District: It spans from I-90 South to Southeast Blvd and Sherman East to Altamont St. and Crestline St.)**

AGREEMENT AND UNDERSTANDING

_____ I understand that if I do not follow the above expectations, I may be asked to leave a Family Promise shelter temporarily or permanently.

_____ I understand that if a neighbor of a Family Promise shelter complains about my behavior on or near their property, I may be asked to leave the shelter temporarily or permanently.

_____ I understand that if a neighbor sees me using drugs or drinking alcohol while my children are with me, they may call law enforcement and/or CPS.



Name

Signature

Name

Signature
