## The Samaritan Inn
HOPE FOR THE HOMELESS

*Caseworker:* _____

# Resident Pass Request
Must be received by Caseworker 48 hours prior to requested date(s)

**Name:** _____ **Today's Date:** _____

**\*Date's requesting pass:** _____

**Reason for request:**

_____

_____

**Person to cover chores:** _____

**\*\*Signature of Person to cover chores:** _____

**Resident Signature:** _____ **Date:** _____

**APPROVED**                               **DENIED**

**Caseworker Signature:** _____ **Date:** _____

*\* Passes are given per night. Residents are expected to return by curfew the day following the final requested night. Example: a request for 2/15-2/16 means you must return by 9pm on 2/17*

*\*\* Signature of person covering your chore is required before pass can be submitted to your Caseworker.*

*RECEIVED:* _____ @ _____ *Staff Initials* _____

*Caseworker:* _____

**The Samaritan Inn**
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# Extended Curfew Request
Must be received by Caseworker 48 hours prior to requested date(s)

Today's date: _____

Resident name: _____

Date(s) needed for extended curfew: _____

Expected time of return: _____

Is this an on-going need?   YES            NO

Reason for request:

_____
_____
_____
_____
_____
_____
_____

Chore coverage (if needed) provided by: _____
(Please print name)

Signature of person providing coverage: _____

Resident signature: _____

APPROVED                              DENIED

                                          Date: _____
Caseworker signature: _____

Comments/Notes: _____
_____

*RECEIVED:* _____ @_____ *Staff Initials* _____