**FAMILY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First & Last Name** | **Pronouns** | **Age** | **Family Position** | **Race/Tribe** | **School & Bus Number** |
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**DESCRIPTION OF HOMELESSNESS**

***Please briefly explain the circumstances of the person requesting to stay at the Meadowlark. Be as specific as possible so staff know the situation from reading the description.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Make/Model**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Plate #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name on title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver’s License**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State / Number / Expiration Date

**Best Contact Information**

Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How? 🞏 Cell phone text 🞏 Cell phone call 🞏 Facebook Messenger 🞏 Email 🞏 Other

Details (phone number, email, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Best Contact Information**

Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How? 🞏 Cell phone text 🞏 Cell phone call 🞏 Facebook Messenger 🞏 Email 🞏 Other

Details (phone number, email, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Known Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip County

**Location**:  City  County  Out-of-State  Reservation  Unknown

**Please list other counties** you have lived in within the last 30 days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Language of Head of Household**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the family an **Immigrant?**  🞏 Yes 🞏 No

If yes, who: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the family a **Veteran?** 🞏 Yes 🞏 No

If yes, who:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the family currently **employed**: 🞏 Yes 🞏 No

If yes, who: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the family have any **disabilities**: 🞏 Yes 🞏 No

If yes, who: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in your family you **need accommodations**? 🞏 Yes 🞏 No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the family have a **service animal**? 🞏 Yes 🞏 No **>>> PET ADVOCATE**

Please describe any **disabilities/allergies, including food allergies,** for anyone in the family.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the **custody/living arrangements** (parenting plan/visitation arrangements):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the **education/ school** arrangements for your children (what schools are they attending, if new to community are you planning on signing them up etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any information about transportation, IEPs, or other accommodations you have through the school system. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, please provide your current medical insurance information and primary healthcare provider(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children or other family members who you expect to be joining you in the first 30 days? 🞏 Yes 🞏 No

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

**\*\*\* EMERGENCY CONTACTS \*\*\***

Name Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| BED BUGS AND INFECTIOUS DISEASES |

**To prevent spread in our facility we ask participants to notify us immediately if they have knowingly been exposed to Covid-19, bed bugs, lice, scabies, and/or infectious diseases.** This will **NOT** prevent you from entering our center and we can provide you with treatment options.

If you believe that you or someone in your household has been exposed any of the above listed ailments, all family members must be treated within 24 hours of entering the Family Housing Center. If treatment is not available, families will be asked to quarantine in their assigned room.

Have you or any member of your family been exposed to bed bugs, head lice, and/or any other infectious disease or illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| DRUG TESTING AND REPORTING |

All adult participants (18 years and older) will be required to give a U.A. (urinalysis) before completing the Program Agreement and checking in.

If participants test positive for meth at intake they will be denied entry to the FHC. Participants may return in 5 days and retest. If participants test positive for heroin or any other drug, they be admitted but asked to retest in 3 days at which their levels need to have decreased in order to continue residing at the FHC.

All FHC personnel are mandated reporters and will report all positive meth and heroin results to Child Protective Services. If test results are positive for opioids, YWCA staff will report unless explainable (i.e. prescribed medicine). FHC staff reserve the right to ask residents to submit additional drug tests in the future if drug use is suspected.

I understand and agree to the policy as outlined above.

Adult One Signature Date

Adult Two Signature Date

|  |
| --- |
| LIMITED BACKGROUND CHECK AUTHORIZATION |

We are required to check if anyone in the family is a registered sexual or violent offender. We reserve the right to refuse lodging for registered *sexual* offenders. Registered *violent* offenders will be asked to complete an appeal process to determine t their compatibility with the FHC. Is anyone in your family required to register as a sexual or violent offender?

️️ No ️️ Yes – Violent Offender ️️ Yes – Sexual Offender

By signing this form I hereby allow YWCA Missoula to complete the background check for violent and sexual offenses.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult One Printed name (First, Middle, Last)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
Adult One Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Two Printed name (First, Middle, Last)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_   
Adult Two Signature Date

**These are absolutely necessary and we cannot bring somebody into shelter without them!**

**FAMILY HOUSING CENTER** **RESIDENCY EXPECTATIONS**

*The following expectations are in place to ensure a safe, secure, and respectful environment to support all individuals in reclaiming the personal power necessary to meet their goals, guide their life, and restore personal dignity. Support Specialists are happy to discuss any concerns or questions you have regarding these expectations.*

\_\_\_\_\_ I understand that the Family Housing Center is a short-term shelter and that I will be expected to actively participate in my own housing goals by meeting weekly with my Support Specialist. My compatibility will be considered throughout my stay at the Meadowlark.

\_\_\_\_\_ I understand it is my responsibility to keep the participants of the program confidential. This includes even after I leave the FHC, all participants in YWCA programs, and disclosing information on the Internet (email, social media, Facebook, etc.) I understand FHC staff is able to break confidentiality and share my information with law enforcement if I were to be engaged in any criminal activity during my stay at the Meadowlark or to CFS in the case of child or elder abuse or neglect, or self or other endangerment.

\_\_\_\_­­\_ I understand that the FHC has a non-violence policy, meaning that all residents, staff and volunteers at the center should be treated with non-violence and respect. Possession of any weapons violates the non-violence policy. Racist, sexist, homophobic or other abusive behavior is not acceptable.

\_\_\_\_\_ I understand that I am responsible for the upkeep of my room and acknowledge that FHC personnel will be completing weekly room inspections. Burning of anything besides sage is not allowed.

\_\_\_\_\_ I understand that my family and I are expected to contribute to weekly chores for the benefit of all staying at the FHC.

\_\_\_\_\_ I understand that the use or possession of alcohol or drugs is not allowed on the Meadowlark property.

\_\_\_\_\_ I understand that no animals (except **service** animals) are allowed on the Meadowlark property.

\_\_\_\_\_ I understand that no guests are allowed at the Meadowlark.

\_\_\_\_\_ I understand that I may park one working car at the FHC and that no one may sleep in this car.

\_\_\_\_\_ I understand that the FHC has a 10:00pm curfew. After that time, I will not be able to enter the facility unless I have made previous arrangements with staff.

\_\_\_\_\_ I understand that I am expected to stay every night at the facility. Absences of more than one night require approval.

\_\_\_\_\_ I understand that FHC is not responsible for my personal property, including if lost, damaged, or stolen. Any property left at the facility will be disposed after one week of no contact.

\_\_\_\_\_ I understand that FHC staff and volunteers cannot supervise my children. I may reach out to a Children’s Advocate to learn about available children’s activities at the Meadowlark or other support for me as a parent.

\_\_\_\_\_ I give consent to the FHC staff seeking emergency medical attention for myself and/or my children in case of an emergency.

\_\_\_\_\_ I understand that I have access to domestic violence services and can call the YWCA crisis line at 406-542-1944 at any time

\_\_\_\_\_\_ I understand that failure to follow any of the above rules may jeopardize my ability to stay at the Meadowlark in the future. I understand that use of violence, verbal or physical, or the use of drugs/alcohol will result in dismissal.

FHC Personnel have verbally discussed these expectations with me and I have read the above agreement. I agree to reference the **Resident Handook** to review policies in more detail. I also understand a violation of house policies or confidentiality may result in termination of my stay at the Meadowlark and I sign this document of my own accord.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_