Example Orientation Packet 1

Respite Program
Intake Checklist ①

Resident Name: _____

Bed Number: _____ **Date:** _____   <u>OK</u>   <u>RCA</u>
                                                            CHECK   INITIAL

1. Telephone Screening   ____   ____

St 1 Cr 1 + 3 5 2. Room, Bed, and Locker Assigned   ____   ____

3. Admissions Questionnaire   ____   ____

4. Documentation Forms Reviewed and Signed by Resident   ____   ____

    ___Last page of Admission Questionnaire   ___Diet Form *St 1 Cr 7*
    ___Income/ID Affidavit   ___Resident Valuables Form *St 1 Cr 5*
    ___House Principles   ___Conditions of Residency
    ___Resident Grievance Procedure *St 7*   ___HMIS Notices and Disclosure
    ___Health Service Consent for Treatment   ___Release of Information

5. Medical Papers Collected *St 3*   ____   ____

6. Medications Collected, Listed, Signed, and Stored *St 1 cr 3*   ____   ____
    St 2 Cr 3

7. Baggage Inspected/Excess Baggage Collected and Stored *St 1 Cr 3*   ____   ____

8. Medication Sheets Prepared *St 2 Cr 3*   ____   ____

9. Progress Notes Prepared   ____   ____

10. Proof of Income and Medical Coverage Copied   ____   ____

11. Orientation Period Form Given and Reviewed   ____   ____

12. Vital Signs and Toxicology Screening   ____   ____

13. Clothing/Laundry/ Hygiene Bag Distributed *St 1 Cr 2 + 3*   ____   ____

14. Shower/Shampoo Taken   ____   ____

15. Snack Given   ____   ____

16. Report Intake in Logbook and add to round sheet   ____   ____

Notes: _____

How many shelters has the individual been in the last six months? _____

Have you ever been homeless? _____   How many (total) times? _____

How many episodes of homelessness have you had in the last three years? _____

Since the individual has been homeless, has he/she been a survivor of a violent crime? _____

Has the individual resided in Public Housing during the last twelve months? _____
   Individual does not have to have been the leaseholder

How long have you been homeless? _____

Has the individual ever been incarcerated? _____

Prior Living Situation:
   1. Non-Housing (street, park, car, bus station, etc.)   _____
   2. Emergency (Overnight)   _____
   3. Transitional housing for homeless persons   _____
****** **Only use the options below if they were there for more than 30 days --- If it was less than 30 days, please ask where they were living prior to that?**
   4. Second Stage Shelter   _____
   5. Psychiatric Facility   _____
   6. Substance Abuse Treatment Facility or Detox   _____
   7. Hospital (Non Psychiatric)   _____
   8. Jail/Prison   _____

How long did you live at your prior living situation?   _____

Prior living situation Community?   Zipcode of prior living situation? _____
   1. City of Chicago   _____
   2. Chicago Suburb   _____
   3. Rest of Illinois   _____
   4. Out of State   _____

Faith Orientation (Optional):
   1. Christian   _____
         a. Lutheran   _____
         b. Baptist   _____
         c. Methodist   _____
         d. Presbyterian   _____
         e. Episcopalian   _____
         f. Catholic   _____
   2. Muslim   _____
   3. Jewish   _____
   4. Hindu   _____
   5. Buddhist   _____
   6. Non-Denominational   _____
   7. Other: _____

Revised March 2014

16. Child Support (Including DCFS Grants)   _____

17. Alimony / Spousal Support   _____

Amount of Monthly Income: $ _____

(Ask new resident on what date of the month they receive their check. Depending on the type of social security, refer to comments in parenthesis to determine which benefit the individual receives)

Income received from any source in the last 30 days?   _____ Yes   _____ No

Non-Cash Income Sources
1. Veterans Administration   _____
2. Private Disability Insurance   _____
3. Food Stamps   _____
4. Medicaid   _____
5. Medicare   _____
6. WIC   _____
7. TANF   _____
8. Rental Assistance (Section 8, public housing)

(Ask new resident on what date of the month they receive their check. Depending on the type of social security, refer to comments in parenthesis to determine which benefit the individual receives)

Causes of Homelessness (Please check only **ONE** option):
1. Loss of Job   _____
2. Insufficient Income   _____
3. Mismanagement of Income   _____
4. Loss of Public Assistance   _____
5. Natural Disaster/Fire   _____
6. Eviction   _____
7. No Affordable Housing   _____
8. In-transit/Traveling   _____
9. Condemned/Substandard Housing/Lack of Utilities   _____
10. Family Dispute   _____
11. Domestic Violence   _____
12. Neighborhood Violence/Gang Intimidation   _____
13. Release from Correctional Institution   _____
14. Release from Mental Health Facility   _____
15. Drug Abuse   _____
16. Alcohol Abuse   _____
17. Medical Condition/Physical Disability   _____

Emergency Contact Person: _____

      Relationship: _____

      Address: _____

                  _____

      Telephone: (_____) _____-_____

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