2_Shelter Welcome Form

Purpose:
A check-in assessment that is done when a person walks in the door to understand the immediate and urgent needs of the client. It is a quick assessment: safety, immediate, basic needs, emergency medical needs, basic crisis assessment.

To Be Completed By:
By the shelter staff where the client entered shelter during his/her current episode of homelessness. **(Front Door, Tier 2, and Overnight Shelter Staff)**

When Completed:
Form to be completed within 1 calendar day of shelter entry. Form to be uploaded to CSP within 2 calendar days of shelter entry. (Regarding Client Movement: If the receiving shelter is unable to print out form from CSP then the receiving shelter must complete the form, upload it to CSP and contact CSB.)

Minimum Requirement: A new form needs to be completed only once within a 14 day period of time for a client that enters, exits, and re-enters shelter. All shelter staff not completing a new form need to print out the form from CSP and verify the information as accurate and sign-off of the form. (Future Plan to create this form in CSP.)

Additional Instructions:
If you see a field that looks like this _____ highlight it with your cursor and begin typing over it for a text field.

Client/Resident Name: _____

CSP #: _____

Current Shelter: _____

Date: _____

Time: _____

Hi my name is _____. Before we get started have some questions related to your most urgent needs.

1. **When is the last time you had something to eat or drink?**

   _____

2. **Emergency contact information**
   a. Name _____
   b. Phone Number _____

Release Date: April 1, 2015

The first series of questions I have are related to any urgent physical or behavioral healthcare need you have right now.

3. Medical Status

a. Do you have a current chronic physical health condition that we should be aware of?

_____

b. Have you recently been tested for TB?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

If yes, has it been positive?

_____

(If yes, to positive TB please refer to safety precautions).

c. Pregnancy Information : See HIPAA Screen in CSP
(No response required here)

4. Mental Health Status

a. Are you having thoughts of harming yourself?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

b. Are you having thoughts of harming others?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

c. If yes to either of these questions, please consult your supervisor.

You can request a CIT Officer by calling 645-4545.)

Release Date: April 1, 2015

5. **Visual Assessment Only (AOD) Alcohol and Other Drugs: Does the individual appear to be under the influence of alcohol or another drug?**
   a. **Staff Member Only: Visual Assessment Only**
      - ☐ Yes
      - ☐ No
      - ☐ Don't Know
      - ☐ Refused

6. **Do you have any or all of the following forms of identification with you?**
   a. Birth Certificate (attach copy and upload to CSP)
      - ☐ Yes
      - ☐ No
      - ☐ No, but have already applied for it. Date: _____
      - ☐ Don't Know
      - ☐ Refused

   b. Social Security Card (attach copy and upload to CSP)
      - ☐ Yes
      - ☐ No
      - ☐ No, but have already applied for it. Date: _____
      - ☐ Don't Know
      - ☐ Refused

   c. State ID or Driver's License (attach copy and upload to CSP)
      - ☐ Yes
      - ☐ No
      - ☐ No, but have already applied for it. Date: _____
      - ☐ Don't Know
      - ☐ Refused

If no to any of the above provide them with the appropriate agency where to obtain.

Release Date: April 1, 2015

7. **Are you willing to actively work with both shelter and navigator staff to resolve your housing crisis as quickly as possible?**

   ☐ Yes
   ☐ No
   ☐ Don't Know
   ☐ Refused

8. **Diversion**

   a. Where else might you be able to stay tonight?

   _____

   b. Who is your closest relative or friend, whether they live in Franklin County or not/

   _____

   Would you be able to stay there?

   _____

   Can we call that person together?

   _____

Recommendation of Referrals to be made by the Navigator Program , once form is uploaded in CSP by the shelter where the client entered back into the system during his/her current episode of homelessness:
(Release of Information will need to be signed for all checked)

☐ Navigator Program, if in Front Door
☐ Veterans Administration
☐ ADAMH System Enhancement Team (If currently working with the Navigator Program)
☐ Other: _____
☐ None Identified

Name of Shelter Staff Completing the Form: _____

Release Date: April 1, 2015