Dickinson Churches United for the Homeless Intake Form Instructions

Referring Agency:
__________________________________________________________

Please follow and mark off items on the checklist as you meet with your prospective guest.

☐ 1. Once you have met and introduced yourself to your prospective guest (men only will be sheltered), ask if he has previously completed the intake process this season.
   ☐ a. If he answers yes, do not continue with intake. Check with the Executive Director (phone number on # 3a) to verify and proceed with # 4.
   ☐ b. If not, proceed to #2

☐ 2. Ask for their ID to verify their name. Remind them they will have to present this when they meet the bus and enter the shelter.

☐ 3. Call the Dickinson Police Department (701-456-7759) to complete a warrant check. The list of names for the shelter goes to the Dickinson Police Department every night. *(Warrant checks can be completed only by individuals/agencies on approved warrant check list located at the Dickinson Police Department.)*
   ☐ a. If cleared on warrant check, call the Executive Director (701-260-7212) to ensure space is available for the night. Complete the intake.
   ☐ b. If failed on warrant check, please call the Executive Director back to remove their name from the list.

☐ 4. Give them a copy of the rules and inform them to meet the van for pick-up that night at the Dickinson Law Enforcement Center/Armory Parking Lot, 66 Museum Drive, at 9:00 p.m. This is where they will be dropped off at 6:00 a.m.

☐ 5. Absolutely NO sex offenders.

☐ 6. If they need to drive to the shelter, have them fill out a Late Arrival Request form (included in this packet). **Call the executive director for authorization.**
   ☐ a. If they are cleared to drive to the shelter, give them the address.
   ☐ b. If they are not cleared, they will have to meet the bus (address above).

☐ 7. Inform client that if they plan to return for consecutive nights, they need to have their name placed on the list at the shelter in the morning before they leave. Guests will be allowed to stay no longer than 15 days and then will need to find other accommodations, at the discretion of the Executive Director. The shelter will forward the list of returning guests to the Executive Director each morning after the guests leave.

☐ 8. Remind guests that applications are good only for the current sheltering period. **Be sure to give guests the last three pages of this intake; the Guest Copy of the rules, the Guest Information sheet, and the Resources Guide.**

☐ 9. Once guest leaves your office, please mail or deliver the paperwork to Evangelical Bible Church (EBC), Attn: Kyle Scammon.

Date: _____________  
Las Name: _____________________
Dickinson Churches United for the Homeless (DCUH)
Background Check

Complete the form and submit along with other intake information to Kyle Scammon.
Application Address: DCUH, PO Box 147, Dickinson, ND 58602

Name:__________________________________________________________

Current Address:______________________________________________________

Phone:________________________

Date of Birth:________________________

State and Driver’s License Number:________________________________________

Current Employer:_____________________________________________________

Employer’s Phone Number:______________________________________________

Release Signature:_____________________________________________________

Dickinson Police Department performs the background checks for DCUH to help ensure the safety of all persons involved with the program. Background checks are required of all volunteers and potential guests. All information will be kept confidential.

Signature authorizes the Dickinson Police Department to conduct a criminal record check and provide subsequent information to DCUH and/or its screening agencies.

Signature also indicates subject will hold harmless the City of Dickinson, North Dakota; Dickinson Police Department, and/or its screening agencies from any recourse as providers of the information contained in the criminal record.

☐ NCIC  ☐ Pass  ☐ Fail
DCUH Shelter Intake

IDENTITY

Date: __________
Last Name: __________________

Name: ___________________________________________ Phone: __________
  Last                      Mi                      First

Address: __________________ City: _______________ State: ___ Zip: ______

Date of Birth: __________ U.S. Veteran: _____ Yes _____ No Branch: __________

Primary Race
☐ American Indian/Alaskan Native
☐ Asian
☐ African American/Black
☐ White
☐ Native Hawaiian/Pacific Islander
☐ Other
☐ Other/Multi Racial

Secondary Race
☐ American Indian/Alaskan Native
☐ Asian
☐ African American/Black
☐ White
☐ Native Hawaiian/Pacific Islander
☐ Other
☐ Other/Multi Racial

Ethnicity
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Don't Know
☐ Refused

Do you own your own car: ☐ Yes ☐ No Year: _____ Make: ___________ Model: ___________

HOUSEHOLD INFORMATION

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Living w/Sig. Other/Partner
Children: ☐ Yes ☐ No If yes, how many? ____

Have you been diagnosed with a disability? ☐ Yes ☐ No
If yes, what is your diagnosis? __________________________________________

Have you been diagnosed with AIDS/HIV, MRSA, Tuberculosis, or any other communicable disease?
☐ Yes ☐ No If yes, what? __________________________________________

DOMESTIC VIOLENCE

Are you a domestic violence victim/survivor? ☐ Yes ☐ No
If yes, please check the appropriate box for extent of Domestic Violence:
☐ Within the past 3 months ☐ 3 to 6 months ☐ 6 to 12 months
☐ More than a year ☐ Do not know ☐ Refused

Are you a registered Sex Offender? ☐ Yes ☐ No (If yes, discontinue process due to ineligibility for DCUH)
Have you stayed with any other homeless shelter lately: □ Yes □ No

If yes, which ones:

Where did you stay last night - Please check appropriate boxes:
- Emergency Shelter
- Church Shelter
- Staying w/Friends
- Hotel/Motel
- Jail/Prison
- Hospital
- Do not know
- Refused to say
- Other: __________________________

- Transitional Housing for Homeless persons
- Single family permanent residence (house, apt. etc.)
- Foster care home or Foster care group home
- Place not meant for habitation (care, outside, etc.)
- Permanent Housing for formerly Homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Length of Stay at Prior Residence
- One week or less
- More than one week, but less than one month
- One to three months
- More than 3 months, but less than a year
- One year or longer

City, State and Zip of Prior Address:

ADDITIONAL INFORMATION

Allergies? □ Yes □ No
If yes, list allergies: ____________________________________________

Are you on any medications? □ Yes □ No
If yes, list medications: _________________________________________

Do you have any medical conditions/needs? □ Yes □ No
If yes, list conditions/needs: ______________________________________

EMERGENCY CONTACT INFORMATION

Name: ____________________________ Name: ____________________________
Phone #: __________________________ Phone #: __________________________

Did you move to North Dakota within the last year looking for work? □ Yes □ No
If yes, from where?: ____________________________

I Need Help With
- Substance Abuse
- Domestic Violence
- Housing
- Mental Health
- Food Stamps
- Criminal Record
- Employment
- Case Management
- Other ____________________________

I Have Completed
- U/A □ Pass □ Fail □ N/A
- Lice Check □ Pass □ Fail □ N/A
- Bag Checked
DCUH Shelter Rules

1. No loitering around any of the sheltering churches or the pick-up and drop-off sites.
2. Only one bag per person. Bags will be searched before being allowed into the shelter.
3. Drugs for which you do not have a written prescription, and alcohol will be confiscated and the police will be called.
4. Firearms are strictly prohibited.
5. Any sharp objects (pocket knives, utility knives, and work-related items which could be used as weapons will be checked at the door, placed in a sealed envelope and returned upon leaving the shelter.
6. If a guest decides to leave the shelter, they will be out for the remainder of the night. Guests who leave are expected to immediately vacate the church property and grounds.
7. Guests with an active cough will be asked to wear an isolation mask (paper).
8. A breathalyzer test will be given. No one under the influence of drugs and/or alcohol will be allowed into the shelter. Police will be called.
9. Smoking will not be permitted on the bus or on the church shelter property.
10. Respect for the staff/volunteers and all other guests of the facility is expected.
11. Racial slurs, use of vulgar jokes, comments, or conduct will not be tolerated.
12. No mental, physical or emotional abuse or threats will be tolerated.
13. Guests are expected to clean up after themselves (including the restrooms), place all bedding in the bags provided and leave the area as clean as they found it.
14. DCUH, sheltering churches and staff/volunteers are not responsible for lost or stolen property.
15. Only staff/volunteers may enter the kitchen area.
16. No pets are allowed.

I acknowledge that the rules have been read and explained to me and a copy has been given to me. I agree to these rules and understand that if any of these rules are violated, it may mean termination from the shelter for the duration of the season.

Guest Signature: ___________________________ Date: ____________________

Agency Rep. Signature: ___________________________ Date: ____________________
DCUH Shelter Intake
Consent to Release and Receive Information

DOB: 

I hereby authorize the Intake Agency Member, Dickinson Churches United for the Homeless, and other agencies listed below to exchange written and verbal information concerning me and/or my dependents listed below.

<table>
<thead>
<tr>
<th>Dickinson Churches United for the Homeless</th>
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<tbody>
<tr>
<td>Alcohols Anonymous</td>
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<tr>
<td>Amen Food Pantry/House of Manna</td>
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<tr>
<td>Area Churches</td>
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<tr>
<td>Badlands Human Service Center</td>
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<tr>
<td>Child Care Referral</td>
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<td>Child Protection Services</td>
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<td>Child Support Enforcement</td>
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<tr>
<td>Community Action Program</td>
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<tr>
<td>Command Center</td>
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<tr>
<td>Dakota Boys &amp; Girls Ranch</td>
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<tr>
<td>Dakota Center for Independent Living</td>
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<tr>
<td>Dickinson Adult Learning Center</td>
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<td>Dickinson Fire Department</td>
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<td>Dickinson Police Department</td>
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<tr>
<td>Dickinson Public Schools</td>
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<td>Dickinson State University</td>
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<tr>
<td>Domestic Violence &amp; Rape Crisis Center</td>
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<td>Experience Works</td>
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<tr>
<td>Great Plains Clinic</td>
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<tr>
<td>Head Start - Preschool</td>
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<tr>
<td>Heartview Foundation</td>
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<tr>
<td>Job Service ND</td>
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<tr>
<td>Legal Aid</td>
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<tr>
<td>Military Outreach Specialist</td>
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<td>Narcotics Anonymous</td>
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<td>New Freedom Center</td>
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<tr>
<td>ND Disability Determination</td>
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<td>ND Housing Finance Agency</td>
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<td>ND Teen Challenge</td>
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<td>Parole and Probation</td>
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<td>Protection and Advocacy</td>
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<td>Salvation Army</td>
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<td>Sanford Health/Dickinson Clinic</td>
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<tr>
<td>Social Security Office</td>
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<tr>
<td>Southwest District Health Unit</td>
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<tr>
<td>Southwest Homeless Coalition</td>
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<td>Stark County Housing</td>
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<td>Stark County Sheriff</td>
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<td>Stark County Social Services</td>
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<td>Stark County Veteran Services Office</td>
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<tr>
<td>St. Joseph’s Hospital</td>
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<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
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<td>Red Cross</td>
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<td>The Arc</td>
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<td>Other: (Specify)</td>
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<td>Bismarck Agencies:</td>
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<td>Abuse Adult Resource Center</td>
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<td>Aid, Inc.</td>
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<td>Missouri Valley Coalition for Homeless People</td>
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<td>ND Coalition for Homeless People</td>
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<td>ND Department Of Health Disease Control</td>
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<tr>
<td>Ruth Meier's Hospitality House</td>
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<td>Welcome House/Interfaith</td>
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<td>West Central Human Service Center</td>
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<td>Youthworks</td>
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<td>Other: (Specify)</td>
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_____ (Initial) I understand this information will be shared only with the agencies and personnel who need the information to assist me in obtaining services.

_____ (Initial) I understand my consent is voluntary and will remain in effect for the period of one (1) year unless specifically revoked by written notice to the Executive Director. This consent may be updated as necessary. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

_________________________ Dated: __________
(Print Your Name)

_________________________ Dated: __________
(Your Signature)

_________________________ Dated: __________
(Agency Rep. Signature)

A photocopy or facsimile of this consent form will be considered as valid as the original.

☐ Check if Applicable: I authorize the CAD/SMI Case Worker/Agency who referred me to Dickinson Churches United for the Homeless to provide my illness and treatment history on a need-to-know basis. I understand this information will be used for informational purposes only and will be subject to 42CFR Part 2 and the strict confidentiality policy of Dickinson Churches United for the Homeless.
Dickinson Churches United for the Homeless
Late Request Form

Name: ____________________________________________
(First) (MI) (Last)

Address: __________________________ City: ___________ State: _____ Zip: ______

Contact Phone Numbers:
Home: ________________________ Cell: ________________________ Other: ________________________

Email Address: __________________________________________

Reason for Late Arrival:

☐ Work Related

Place of Employment: __________________________________________

Time Shift Ends: ________________________

☐ Other

Please Explain: __________________________________________

Expected Time of Arrival: _____________ a.m./ p.m.

Any person obtaining permission for late arrival will be in the doors of the shelter within 15 minutes of his expected time of arrival. Failure to do so will mean no bed space for the night.

Verification of employment will be made by the Executive Director.

Guest Signature: ____________________________ Date: _____________

Agency Rep. Signature: ____________________________ Date: _____________

FOR OFFICE USE ONLY:

Executive Director Approval Obtained:
____ Yes ____ No
DCUH Shelter Rules

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2. Only one bag per person. Bags will be searched before being allowed into the shelter.
3. Drugs for which you do not have a written prescription, and alcohol will be confiscated and
the police will be called.
4. Firearms are strictly prohibited.
5. Any sharp objects (pocket knives, utility knives, and work-related items which could be
used as weapons will be checked at the door, placed in a sealed envelope and returned
upon leaving the shelter.
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Guests who leave are expected to immediately vacate the church property and grounds.
7. Guests with an active cough will be asked to wear an isolation mask (paper).
8. **A breathalyzer test will be given.** No one under the influence of drugs and/or alcohol will
be allowed into the shelter. Police will be called.
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12. No mental, physical or emotional abuse or threats will be tolerated.
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bedding in the bags provided and leave the area as clean as they found it.
14. DCUH, sheltering churches and staff/volunteers are not responsible for lost or stolen
property.
15. Only staff/volunteers may enter the kitchen area.
16. No pets are allowed.

I acknowledge that the rules have been read and explained to me and a copy has been given to
me. I agree to these rules and understand that if any of these rules are violated, it may mean
termination from the shelter for the duration of the season.
Welcome

We are pleased to welcome you as a guest to our congregation. We hope your stay here will be as pleasant as possible under the circumstances. Please take a few minutes to read this sheet, as it contains important information that you will need during your time with us.

Intake

Sign in at the intake area if you have not already done so. All intake information is kept confidential. This information helps us meet your needs while you are here.

Security of the Site

We are offering a warm place to sleep for the night to guests referred from the screening location. All guests will have gone through the more in-depth intake at the screening location before being assigned to the church site. All guests will be transported from the rendezvous location to the church. The church site will accept these referred guests at 9 p.m. and will return guests to the established rendezvous location at 6 a.m. Doors for the church host site will be locked and guests will not be allowed to return if they choose to leave.

Smoking

Smoking is not permitted from the time the guests are picked up until they are returned to the rendezvous point.

Personal Belongings

We cannot assume responsibility for your belongings. Keep valuables with you and out of sight.

Medical Problems

On intake you must let hosts know of any medications you are taking. Guests with a cough may be asked to wear an isolation mask. Guests with medical issues that may affect the other guests and/or volunteers may be asked to accept medical care via ambulance. Guests who refuse such care may be asked to vacate the sheltering church so as to protect the rest of the guests and volunteers.

Injuries

Let hosts know if unanticipated medical needs arise. They have a 1st Aid kit for minor injuries. They will call 9-1-1 for emergencies.

Alcohol or Drugs

Possession or use of alcohol or illegal drugs is not permitted in any part of this shelter. A breathalyzer will be administered before being allowed into the shelter. If you pass you stay; if you fail you will have to leave the premises.

Weapons

No weapons are allowed in the shelter. Bags will be searched, and police will be contacted if any weapon (even a small pocket knife) is present.

Volunteering to Help

Housekeeping

This is your temporary home for the night; please help us keep it clean. Pick up after yourself and help us with cleanup when possible. Eat snacks and beverages in the defined area and discard wrappers in the available trash cans. All guests are asked to put their linens in the plastic bag provided in the morning.

Telephones

In general, telephones are not available for guest use. Facility telephones can only be used with permission of church hosts who will dial the local number and limit the call to 3 minutes.

Quiet Hours

Quiet hours are enforced in the sleeping area(s) between 10:30 p.m. and 5:00 a.m. Cell phones should be on vibrate during this time. Guests should brush their teeth, use the bathroom, wash hands and perform other nighttime hygiene tasks before the lights go down for quiet time.

Media

If media representatives are in the host site, they must ask permission for interviews or photographs. Report any problems with the media to church hosts.

Special Concerns

Please direct all comments or concerns about church site operations to the host.
FOOD & HOUSING

Amen Food Pantry
1100 3rd Ave. West
701-483-4378

Elder Care
Meals: 701-456-4378

Fair Housing ND
888-265-0907

Housing Authority
1449 W. Villard St.
701-225-3120

Rural Development USDA
701-225-9168

TRANSPORTATION

Public Transit
701-456-7675

eCab
888-321-3222

CLOTHING & HOUSEHOLD SUPPLIES

House of Manna
100 E. Villard St.
701-483-5733

Salvation Army
701-225-0373

ARC Aid Thrift Store
140 2nd St. West
701-483-2723

Able Thrift Center
123 E. Villard St.
701-483-3010
1571 W. Villard St.
701-456-3008

EMPLOYMENT

Experience Works, Inc
701-483-1333
800-450-5627

Job Service ND
66 Osborn Drive
701-227-3100

NDDVR/Vocational Rehab
117 1st St. East
701-227-7600
888-227-7525
TTY-701-227-7620

MEDICAL

Caring Program for Children
701-282-1102

Great Plains Clinic
39 9th St. West
701-483-6017

Sanford Health Center
2615 Fairway St.
701-456-6000

St. Joseph’s Hospital & Health Ctr
2600 Fairway St.
701-456-4000

Southwestern District Health Unit
2869 3rd Ave. West
701-483-0171

PUBLIC SAFETY & SERVICES

American Red Cross
701-483-8704

Dickinson Fire Dept.
701-456-7525

Dickinson Police Dept.
701-456-7759

Stark County Sheriff
701-456-7610

Dickinson Chamber of Commerce
701-225-5115

Dickinson City Hall
99 2nd St. East
701-456-7744

Division of Motor Vehicles
Vehicle License: 701-227-6540
Driver’s License: 701-227-6550

ND Coalition for Homeless Persons
701-258-2240

Social Security
800-772-1213

Stark County Social Services
664 12th St. West
701-456-7675

MENTORING SERVICES

ABLE – Dickinson
701-456-3000

Family Voices
701-290-8711
701-575-4948

Sunrise Youth Bureau
701-483-9498

Veteran Services
701-456-7654

COUNSELING & ADVOCACY

Badlands Human Service Center
701-337-7500
888-227-7525
Emergency Services
701-290-5719

Client Assistance Program
701-328-8947
800-207-6122

Community Action Partnership
202 E. Villard St.
701-227-0131

Dakota Center for Independent Living
26 1st St. East, Ste. 103
701-483-4363

Domestic Violence & Rape Crisis Ctr.
701-225-4506
888-225-4516

Legal Services of North Dakota
800-634-5263

ND Protection & Advocacy Project
701-456-7444

ASSISTIVE TECHNOLOGY

DBTAC Rocky Mountain
800-949-4232 V/TTY
719-444-0268

Interagency Program for AT
701-355-4615
888-540-4728