



Entry Date
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Room in the Inn\*  
Bullitt County

Guest	
Bedding set/ BIN # Assigned	
Departure Date	
REJECTED DATE	

1 **Guest Forms Check List** To be refreshed monthly or as needed due to changes

document review &/or distribution							
		date		date	date	date	date
2a	Guest Intake Form						
2b	Mental Health & Meds						
2c	Guest Banking form						
3	Policies & Procedures Brochure						
4	Liability Release						
5	Background check release						
6	employment worksheet & agencies						
7	EDD / banking ledger						
8	Outreach Clothes closet voucher						
9	YMCA shower card						
10	<b>My Story</b> (completed within 3 days of acceptance and again upon permanent placement)						
11	Library Rules						
	Driver's License #						
	Car License #						

form 1

General and Mental Health conditions			
Have you ever been diagnosed with a mental health condition.		<b>Y</b>	<b>N</b>
If Yes, what is the diagnosis and treatment plan?			
Last appointment date:		Next Appointment Date:	
Are you currently under a therapist / counselor/or doctor's care? Y ___ N ___ (If Yes, circle any that apply)			
if Yes, Describe Diagnosis (illness/condition)			
Last appointment date:		Next Appointment Date:	

Medications (to be updated with each refill). All medications must be listed, failure to do so may result in immediate suspension or expulsion.			
name of drug	condition being treated	dosage	quantity on hand as of check in date
Guest is responsible for their own medication unless specifically request RITI staff to secure.			
	Yes, I want the RITI Staff to secure my medications during the overnight hours. I am responsible for my own medications at all other times. <b>(initial if yes)</b>		
Room in the Inn Guest signature		Date	

\*A Heart of My City Ministry  
form 2b

