



Room in the Inn -

Bullitt County

Guest Intake Form

A Heart of My City, Inc. Ministry

Date _____

Anticipated exit date _____

(When Guest hopes to "graduate")

One per adult*

Guest Name _____ Birthdate _____

*additional non-adult family members should be listed on separate page. Please include Children and ages even if they are not staying with you at this time.

Driver's License No. _____ & Exp. Date of Driver's License _____

ID # (if no valid driver's license) _____ (City/St of Issue) _____

Vehicle tag # _____ & Exp. Date of tag _____ Vehicle Model/year _____

Insurance expiration _____ (staff initials when these items are verified _____)

Phone No: _____ 2nd Phone No: _____

Email address: _____ Facebook name: _____

Last address: _____

Emergency contact: _____ Phone# _____

Add'l family contact: _____ Phone# _____

'Friend' contact: _____ Phone# _____

Last Employment: Name & location of Company _____

Last (or current position held) _____ Supervisor _____

Date last employed (or "current" if still employed) _____ Length of employment _____

What kinds of work are you qualified to do? (experience) _____

Where will you stay if you become ill? (We are not equipped to handle contagious illnesses) _____

How did you hear about Room in the Inn?: _____

When did you become homeless? _____

Tell us (briefly) why you're in need of emergency shelter today: _____

Have you stayed in a homeless shelter previously? If Yes, where _____

List benefits currently receiving (i.e food stamps, K-tap, SSI, etc.): _____

Agencies contacted in last 60 days _____

Tell us how you plan to secure permanent shelter: _____

List any recent arrests (last 5 years), outstanding warrants, pending judgements, or felonies (last 10 years),

(This information will be confirmed by background check and are important to disclose for employment referrals.)

List type and amounts if you are required to pay restitution, child support or other court ordered fees

List disability(s) (if receiving & amount) or if in process of filing for benefits): _____

Note: medication(s) and medical condition(s) will be on separate form.

By signing below; I attest to the truthfulness of the above statements, I have **read** and **agree** to abide by the **Policies and Procedures** (aka "the **Rules**"), I give permission for a **background check** and understand there will be **random drug checks** or **breathalyzer tests**. I understand I am expected to secure and maintain **full-time** (40 hours per week) **employment** within two weeks. (ALL exceptions must be requested and approved in writing) I also agree to work with the Heart of My City Staff to create an "exit strategy plan" and be accountable for weekly status updates.

I further understand that breaking any of the "Rules" may result in consequences RANGING from a suspension for a minimum of one (1) day up to permanent suspension from a specific congregation or expulsion from the program entirely.

All open spots are subject to approval and are issued on a two-week probationary status.

Guest signature _____ Date _____

Received by _____ Date _____

Room in the Inn staff