

Lac Courte Oreilles Emergency Shelter Overnight Stay Intake Form

Date of Intake: _____

Staff Member Completing Intake: _____

Section 1: Basic Information

1. Full Name: _____
 2. Date of Birth: _____
 3. Gender: ☐ Male ☐ Female ☐ Other: _____
 4. Tribal Affiliation: ☐ LCO Tribal Member ☐ Other Tribe: _____
☐ Non-Tribal
 5. Contact Information:
 - o Phone Number: _____
 - o Email Address: _____
 6. Do you have children accompanying you? ☐ Yes ☐ No
(If yes, complete Section 3: Children Information)
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Section 2: Health and Safety

1. Do you have any medical conditions we should be aware of?
☐ Yes (Specify): _____
☐ No
 2. Are you currently taking any medications? ☐ Yes ☐ No
If yes, please list medications: _____
 3. Do you have any allergies? ☐ Yes ☐ No
If yes, please specify: _____
 4. Do you feel safe in your current situation? ☐ Yes ☐ No
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Section 3: Children Information

(Complete only if children are accompanying you)

Child's Name	Date of Birth	Relationship to Guardian	Medical Needs/Allergies
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Child's Name	Date of Birth	Relationship to Guardian	Medical Needs/Allergies
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Section 6: Acknowledgements and Agreements

1. Acknowledgement of Policies:

- I have reviewed and agree to follow the rules outlined in the Emergency Shelter Policy Handbook.

☐ Yes ☐ No

2. Confidentiality Agreement:

- I agree to maintain confidentiality and will not disclose information about other occupants.

☐ Yes ☐ No

Section 7: Staff Use Only

1. Admittance Time: _____

2. Initial Safety Screening Completed: ☐ Yes ☐ No

3. Were belongings searched? ☐ Yes ☐ No

4. Is the individual eligible for overnight stay? ☐ Yes ☐ No

Section 8: Signatures

By signing below, I confirm that the information provided is accurate and that I agree to abide by the policies of the LCO Emergency Shelter.

Occupant Signature: _____

Date: _____

Staff Signature: _____

Date: _____