

Lac Courte Oreilles Emergency Shelter Intake Form

Date of Intake: _____

Staff Member Completing Intake: _____

90 Day Review Date: _____

Section 1: Occupant Information

1. Full Name: _____
 2. Date of Birth: _____
 3. Gender: ☐ Male ☐ Female ☐ Other: _____
 4. Tribal Affiliation: ☐ LCO Tribal Member ☐ Other (Specify): _____
 5. Contact Information:
 - o Phone Number: _____
 - o Email Address: _____
 6. Emergency Contact:
 - o Name: _____
 - o Relationship: _____
 - o Phone Number: _____
 7. Current Living Situation (Check One):
 - ☐ Homeless ☐ Staying with Family/Friends ☐ Temporary Shelter
 - ☐ Other: _____
 8. Are you requesting temporary or overnight shelter?
 - ☐ Temporary ☐ Overnight
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Section 2: Children Accompanying Parent/Guardian

List all children who will be staying at the shelter with you:

Child's Name	Date of Birth	Relationship to Guardian	School Attending
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1. Do any of your children have medical conditions, allergies, or require special accommodations?
 - ☐ Yes (Specify): _____
 - ☐ No

2. **Do you agree to ensure that your children follow the Emergency Shelter's policies for minors as outlined in the handbook?**

☐ Yes ☐ No

Section 3: Medical Information

1. **Do you have any medical conditions we should be aware of?**

☐ Yes (Specify): _____

☐ No

2. **Are you currently on any prescribed medications?**

☐ Yes (Specify): _____

☐ No

3. **Do you have any allergies (medication, food, etc.)?**

☐ Yes (Specify): _____

☐ No

4. **Do you require any special accommodations?**

☐ Yes (Specify): _____

5.

Section 4: Background Information

1. **Have you been convicted of a violent crime within the past 3 years?**

☐ Yes ☐ No

2. **Are you currently listed on a sex offender registry?**

☐ Yes ☐ No

3. **Do you have any active restraining orders or legal restrictions?**

☐ Yes (Specify): _____

☐ No

Section 5: Rules and Policies

1. **Have you received and reviewed the LCO Emergency Shelter Policy Handbook?**

☐ Yes ☐ No

2. **Do you agree to follow the rules and policies outlined in the handbook?**

☐ Yes ☐ No

3. **Acknowledgement of Confidentiality Policy:**

- I understand that sharing information about other occupants or the Emergency Shelter is strictly prohibited, including on social media or through other means.
 - ☐ I Acknowledge
 - 4. **Acknowledgement of Safety Policies:**
 - I understand that no weapons, drugs, or alcohol are permitted on the premises and that all personal belongings are subject to search.
 - ☐ I Acknowledge
 - 5. **Acknowledgement of Responsibilities:**
 - I agree to participate in daily chores, keep my living area clean, and comply with all rules for communal living.
 - ☐ I Acknowledge
 - 6. **Children's Policies Agreement:**
 - I agree to always supervise my children, ensure they follow shelter rules, and maintain their safety and wellbeing during our stay at the Emergency Shelter.
 - ☐ I Acknowledge
 - 7. **Acknowledgment of Individual Physical and Medical Limitations:**
 - I agree that I can get in and out of bed on my own and I am able to take care of my own bathroom and hygiene needs. I understand that I must **not** require assisted living or in-home healthcare needs beyond the staff's capacity to ensure medical well-being and safety.
 - ☐ I Acknowledge
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Section 6: Signatures

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

Occupant Signature: _____

Date: _____

Staff Signature: _____

Date: _____