



**122 W. 2ND ST
SAN ANGELO, TX 76903**

EMERGENCY SHELTER OPERATIONS MANUAL:

- MEN'S SHELTER**
- WOMEN'S SHELTER**
- FAMILY SHELTER**
- FOOD SERVICES**

OPERATIONS MANUAL

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MISSION STATEMENT

The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

STAFF

Residential Services Mgr – 325.227.4679

Office:

**The Salvation Army
215 Gillis St, 76903
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RESIDENTIAL POLICIES

The following policies have been put into place to ensure the safety of all sheltered clients. These are not all-inclusive, but specify guidance for the operation of the Shelters & Food Services.

HOURS OF OPERATION [Non-Disaster / Inclement Weather]

- Monday – Sunday
- Check In = 3:00 PM
- Check Out = 9:00 AM
- Emergency Case Mgt Drop Off Reception = 9:00 AM – 3:00 PM
- Curfew = 10:30 PM
 - Exceptions:
 - Residents With Work Schedules Reviewed / Approved By RSM.
 - Residents With Appointments Reviewed / Approved By RSM.

WHOM WE SERVE

- In keeping with our mission, The Salvation Army's Emergency Shelter & Food Services is dedicated to helping those in need.
- Official service area: Concho Valley region of south-central Texas.
- All clients will be treated fairly without regard to age, gender, race, religion, national origin, sexual orientation, or political affiliation.
- Since we serve families with children, and are within the legal distance from surrounding child care facilities, we are unable to shelter anyone who has been convicted of a sex crime. We cannot shelter convicted sexual offenders.

ELIGIBILITY FOR ENTRY

- Upon entry, every person must provide a form of identification for example: Texas State ID, State ID, Military ID, or any form of identification with a picture and / or name on it. If possible Social Security card. If social security card is not available, please write in the number in the space provided.
- Families must provide birth certificates for all children and a marriage certificate if they are to be sheltered together. Parents who are not married will be separated. The father will be placed in the Men's shelter and the mother and children will be placed in the Family Shelter. The father will be allowed to visit the mother in the Main Lobby area but must check in to the Men's Shelter by 9 pm.
- Clients must complete all intake paperwork, including agreement to abide by all regulations and policies set forth in this manual under staff instructions.
- AGE: Clients must be Eighteen [18] Years and older to enter the shelter as an individual.

LENGTH OF RESIDENCE

- The Salvation Army offers **emergency shelter**. Each client is permitted a length of stay not to exceed 30 days from initial check in. Within the first seven days of staying in the shelter, the resident must meet with the Residential Services Manager for an extension. If a resident vacates the Shelter within those 30 days, they may not return for additional shelter without seeing a Residential Services Manager. Only one 30 day residence within a one year period (Program Year = October-September) will be allowed.
- Only under permitted circumstances are Emergency Shelter residents allowed an overnight pass. Circumstances such as funerals for immediate family members, court appearances in a different city or other circumstances may be granted permission. Documentation of the circumstance must

be presented to the Residential Services Manager before and after leaving the shelter. Failure to produce supportive documentation may not allow re-entry into the Emergency Shelter.

CASE MANAGEMENT

- Each resident is required to meet with the Residential Services Manager as soon as possible but no longer than 7 days. Resident may be granted up to 30 days in Emergency Shelter.
- For every 30 day stay in the shelter, we ask that each resident fill out a survey to help the Salvation Army measure outcomes on helping people meet their goals and improve their lives.
- Each resident will complete the client intake form. This will help determine any needs the Residential Services Manager is able to assist with or make appropriate referrals. Residents may set goals to help pursue self-sufficiency. Residential Services Manager will assist resident in achieving these goals.
- Each resident must meet with the Residential Services Manager on a weekly or bi weekly basis. If the client is not working, they must meet on a weekly basis. If the client is working, they may meet every two weeks. This will be determined by the Residential Services Manager. Drop in appointments are discouraged. Each appointment must be made with the receptionist after each kept appointment.
- If resident is not working, they must complete and turn in a job search form for every day they are unemployed. The job search form has 4 job searches. This is the minimum amount of jobs allowed to be turned in per day. Job search forms may be turned into the monitor on duty. The monitor will place in the Residential Service Manager's box. Monitors may give the resident more job search forms.
- If the resident is working, they must turn in a copy of their work schedule, a copy of most recent pay stub and agree to start up a savings account.
- If the resident is on disability or applying for disability, then the resident and the Residential Services Manager must come to an agreement on the terms for staying in shelter. If the resident is on disability, the most recent award letter must be turned in and will be placed in the residents file. The resident must begin a savings account.
- Each bed in the Shelter is assigned a chore. It is the resident's responsibility to look to see which chore is assigned to their bed. The chores are posted in each dorm room, by the bathrooms, the laundry rooms and behind each dorm in the family rooms. Each chore must be completed on a daily basis.
- Failure to follow the rules mentioned above could result in dismissal or written violations. Three written violations will result in dismissal.

RESIDENTIAL SERVICES MONITORS

- Monitors are responsible for maintaining the security of the Shelter at all times while on duty.
- Monitors shifts are as follows:
 - SATURDAY – SUNDAY:
 - 6:00 – 9:00 AM
 - 3:00 – 11:00 PM [30 Minute Meal Break]
 - MONDAY – FRIDAY:
 - 5:30 – 9:00 AM
 - 3:00 – 11 PM [30 Minute Meal Break]

**** POSITION SCHEDULE BREAKDOWN ****

- **RESIDENTIAL SERVICES – MANAGER [40]:**
 - MONDAY – FRIDAY [40]:
 - 8:30 – 5:30 AM [1 Hr Meal Break]

- i.e. - Shelter Operations Mgt; HMIS Mgt; Shelter Monitors / Food Services Training; ASU Intern Mgt
- **EMERGENCY SHELTER – MONITOR1 [40]:**
 - SUNDAY [10.5]:
 - 7:00 – 10:00 AM
 - 3:00 – 11:00 PM
 - MONDAY – TUESDAY [22]:
 - 5:30 – 9:00 AM
 - 3:00 – 11:00 PM
 - WEDNESDAY [3.5]:
 - 5:30 – 9:00 AM
 - Optional: HMIS ASST [4 Hrs]
- **EMERGENCY SHELTER – MONITOR2 [40]:**
 - WEDNESDAY [7.5]:
 - 3:00 – 11:00 PM
 - THURSDAY – FRIDAY [22]:
 - 5:30 – 9:00 AM
 - 3:00 – 11:00 PM
 - SATURDAY [10.5]:
 - 7:00 – 10:00 AM
 - 3:00 – 11:00 PM
- Monitors observe surveillance system in the residential areas.
- Monitors ensure that the residents follow shelter rules. Monitors ensure that the residents are checked in by 9:00 pm. In the event of inclement weather, monitor will follow the weather policy.
- If a resident does not follow the rules, the monitors reserve the right to write up an Incident Report on the resident. Incident reports are turned into the Residential Services Manager, in which the Residential Services Manager will follow up with the resident. At no time will there ever be a tolerance for residents lashing out, verbally abusing or threatening any employee of The Salvation Army. Any resident caught behaving in an inappropriate manner will be dismissed immediately. There is zero tolerance for abuse against the Salvation Army staff. **NO EXCEPTIONS!!**
- If the monitor suspects a client of being under the influence of illegal drugs or alcohol, the monitor may administer a breathalyzer and/or a drug test. The monitor will record the results on the appropriate form. The monitor is instructed that if the resident is positive the client will be dismissed immediately.
- In the event a resident has a service animal, The Salvation Army will comply with *ADA* requirements regarding service animals. The animal must wear a service vest at all times. Monitors are permitted to inquire: 1) Is this a service animal required because of disability? 2) What has the animal been trained to perform?
- In the event, The Salvation Army will comply with all *Law Enforcement* agencies regarding obtainment of residents. If a resident is requested by the LE agent, the monitor will assure LE credentials are correct. Following acknowledgement of credentials, the Monitor will request the LE agent[s] remain by the reception area, and then retrieve the resident requested. We do not interfere with the LE agents. It is not necessary for the Monitor to notify administration / Corps Officers immediately upon incident. Incident will be noted in the desk log, on the residents file, and into HMIS as required.

FOOD SERVICES

- Food Services will provide breakfast & supper year round to residents in need. Breakfast on Sundays is provided to the homeless.
- At no time may a resident enter the Food Services area without Shelter staff permission.
- Residents requiring medical / dietary needs must notify their Residential Services Manager with official documentation.
- **SCHEDULE:**
 - **FOOD SERVICES – COOR / LEAD COOK [29]:**
 - MONDAY – WEDNESDAY [25.5]:
 - 6:00 – 9:00 AM
 - 2:30 – 8:00 PM
 - THURSDAY [3.5]:
 - 6:00 – 9:00 AM
 - 2:30 – 3:00 PM [Weekly Mtg with Cook2]
 - **FOOD SERVICES – COOK2 [29]:**
 - THURSDAY [5.5]:
 - 2:30 – 8:00 PM
 - FRIDAY [8.5]:
 - 6:00 – 9:00 AM
 - 2:30 – 8:00 PM
 - SATURDAY – SUNDAY [15]:
 - 6:00 – 9:00 AM
 - 3:00 – 7:30 PM
- **DINING ROOM POLICIES:**
 - No food or beverage is allowed to leave the Food Services area.
 - Residents cannot bring food into the Food Services area.
 - Social conversation is encouraged. However, loud, obscene or disrespectful language is not allowed. You will be asked to leave.
- **MEAL SCHEDULE:**
 - Monday-Friday:**
Breakfast @ 7:00 – 8:00 AM
Dinner @ 5:00 – 6:00 PM
 - Saturday-Sunday:**
Breakfast @ 7:30 – 8:30 AM
Dinner @ 5:00 – 6:00 PM
- Lunch is provided in partnership with other area Soup Kitchens.
- Menus are completed on a weekly basis.
- Food Orders are set by the weekly menu.
- Deliveries coordinated by the Food Services Coordinator.
- External vendor food pickups are coordinated by the Food Services Coordinator.
- Concho Valley Food Bank is utilized weekly.
- San Angelo City Health Department inspections rules are followed at all times.

PRIVACY & SECURITY

- The privacy & security of residents - including their information - is critical.
- At no time will the information of the clients be released over the phone to anyone who calls. The only time that information will be released is when an official badge is presented (i.e., CPS, APS, Sherriff's office, Police Department or any other official)

- Visitation from outside is not allowed without prior consent approved by the Residential Services Manager, or the Officer in Charge. Visitors may not come to the monitor's desk and ask for a client.
- Salvation Army will not receive messages nor mail / package delivery for residents.
- The Salvation Army will not be held responsible for any lost or stolen personal effects. All personal belongings brought into the shelter are brought in at the residents own will and must lock them up in the locker provided.
- Entrance doors are controlled by Shelter staff members. Residents may not let other clients into the secured facility. Residents allowing other residents in the shelter without staff knowledge may be dismissed.
- Clients may not enter another resident's room.
- Fraternalization: between clients is prohibited. Although it is common for clients to assume friendships while residing in the Shelter, it must be understood that clients are there for their own personal gain. Each client must be personally accountable, not to interfere in the personal matters of other residents. Residents may not speak for or on behalf for another resident at any point during their stay. Each resident is responsible for communicating to staff.
- Public displays of affection are prohibited on Salvation Army property. You must remember that you are on church grounds. Please keep a respectable demeanor at all times.
- Animals are not allowed into the facility - exceptions are Service Animals.
- VISITORS: Visitors will not be permitted in the facilities at any time during a guests stay. Any visitors must be cleared through the Residential Services Manager prior to their arrival. If approved, guests must stay in the designated location. Guests may not enter clients sleeping areas due to potential breaching of client confidentiality of other residents.

DRUGS, ALCOHOL, TOBACCO & WEAPONS

- This is a Zero-Tolerance facility: illegal drug, alcohol, tobacco & weapons free.
- If your job requires you to use knives, box cutters or any other cutting tools, client must surrender to the monitor on duty when they check in. Items will be returned to client when they leave for the day or check out. All items will remain in the monitor's office.
- Any contraband discovered will terminate the offender's residence at the shelter and Law enforcement will be notified.
- All property per resident is subject to search.
- Clients are subject to random drug & alcohol screenings by staff members. Refusal to submit to testing is grounds for immediate dismissal. If a client who has admitted to usage prior to shelter admittance, is the only exception for testing positive and be allowed to stay based on the time of entry to the shelter. If a client does not disclose usage at shelter intake and tests positive for drugs the client will be dismissed.
- There is no smoking on Salvation Army property. If you are caught smoking within the building, or on the property, you will be dismissed immediately.
- Prescription medications are not permitted in the dorm area. All medications must be logged in the Medication Log and all medication is kept in the monitor's desk. Each resident must sign the log each time they take their medication. This includes medication for children.
- Exceptions are: diabetic supplies (insulin pens, nitroglycerin, baby aspirin, heart burn medication etc.); prior approved prescribed medications must be cleared with the Residential Services Manager before taking them into dorm area.
- Residents in violation of these policies are subject to stated disciplinary procedures or dismissal.

ELECTRONIC DEVICES

- All electronic devices must be used with other clients in mind. When using your device please keep in mind that others may be around. Therefore refrain from profanity and vulgar language. Please keep a low tone and be respectable at all times.
- All devices must be turned off from 9:00 pm to 6:00 am. Monitors will make routine dorm checks to ensure all devices are turned off. Failure to do so will result in immediate dismissal.
- Permission may be granted by the Residential Services Manager,

HYGIENE

- All clients must shower, brush teeth and wear deodorant daily. Refusal will result in immediate exit from the facility.
- All soiled diapers must be disposed immediately. Do not leave them in the trash can in your room. You must dispose of them in a plastic bag and place in the trash. Trash must be emptied on a daily basis.
- Hygiene kits are available on request at check in.
- Each resident will be given one towel at check in. It is the resident's responsibility to launder the towel and linens. Monitors will not issue new items when asked.

FAMILIES WITH CHILDREN

- Parents and/or grandparents must supervise and control their children at all times.
- Children are not permitted to wander thru the facility.
- Parents, when reprimanding their children, must use inside voices.
- Parents must be present when children arrive on campus.
- All children must be enrolled in school, or day care.
- Children must be in their rooms by 8:30 pm on school nights; 9:00 pm on non-school nights.
- Any suspected child abuse will be reported to CPS. No exceptions!

PERSONAL EFFECTS

- Personal effects remaining after client exit will be bagged / tagged with client I.D.
- Personal effects will remain in storage for 48 hours, after which they will become donations.
- If you are requesting another person to pick up your belongings, others may pick them up providing a letter granting them permission and present their photo identification. Letter will be placed in the clients file.

VOLUNTEERS AND COMMUNITY SERVICE WORKERS

- Monitors ensure that volunteers sign in on the clip board and record the hours they are in the shelter. Monitors will direct the volunteers to the Residential Services Manager, and/or the Food Services Manager, for their assigned duties.
- All Community Services Workers are to be directed to the Thrift Operations Mgr.

DISCIPLINARY POLICIES

DRUGS/ALCOHOL/TOBACCO/WEAPONS

Zero Tolerance

All clients are subject to random alcohol/drug testing.

Refusal to test is an assumed positive result; client will be dismissed from facility.

*A positive result will incur the following actions: **One Year suspension***

VIOLENCE

Zero Tolerance

Infractions as defined will incur the following actions:

- Minor Infraction = Including, but not limited to, verbal threats and intimidation.
 - May not return to the shelter without Residential Service Manager's consideration.
- Major Infraction = Including, but not limited to, physical fight and destruction of property.
 - Indefinite suspension; Law Enforcement Trespass

SUSPENSIONS

- At the discretion of the Residential Services Manager and/or the Corps Officer, a client may be suspended indefinitely.
- The cause of action will be noted, with copy filed in the offending client's permanent file.
- Previously suspended **clients will be required to leave the shelter facilities** when shelter rules are violated. This will become a permanent suspension – including inclement weather nights.
- No client may return to the shelter without first seeing the Residential Services Manager prior to staying.

INCLEMENT WEATHER EXCEPTIONS

Because T.S.A.'s Emergency Shelter program addresses weather specific safety, clients under suspension will be permitted to stay on a declared inclement night:

- Suspended client must pass a drug/alcohol test.
- The client will be assigned a cot in the foyer of the respective shelter.
- The client will adhere to all Shelter policies. Clients who do not adhere to the policies will be dismissed immediately.
- The client must leave the shelter the following morning.
- Permanently suspended clients will not be allowed to stay on inclement nights.

GRIEVANCE POLICY

The Salvation Army strives to treat all clients & residents with dignity and respect.

When a client/resident experiences a grievance, they have the following options available:

1. Discuss the grievance with the staff on duty.
2. Submit an "Incident Report" to the Residential Services Manager.
3. The R.S. Manager will respond within 3 workdays.
4. The client/resident will meet with the Corps Officer, if that grievance is not addressed. Response will be met within 3 workdays.
5. A written decision will be issued from the Corps Officer addressing the client's current and future status.

SAFETY PROCEDURES

Be sure all evacuation routes are posted at all times.

In The Event Of Fire:

- Call 911
- Clear The Building
- Secure The Area By Making Certain Everyone Is Away From The Building
- Do Not Allow Anyone Inside Until The Fire Department Has Declared Safe For Re-Entry.

In The Event Of Medical Emergency:

- Call 911, If Necessary
- Clear Lobby Of All Residents And Unnecessary Staff To Allow EMS Access
- Secure Area When Resident Is Attended.

INCLEMENT WEATHER POLICIES

CRITERIA

- The Salvation Army staff will check weatherchannel.com.
- "Inclement Weather" (I.W.) will be determined by 3:00 p.m. for the ensuing night thru 9:00 am.

Inclement weather is defined below:

COLD WEATHER

Temp and/or a wind chill of 35° or below is forecasted overnight.

Exceptions: escorted by law enforcement.

Response from the E.D.S. Mobile Canteen to designated areas.

HOT WEATHER

Temp and/or a heat index of 99°, or above.

Exceptions: elderly / disabled monitored as space provided in Lobby area.

This call includes a response from the E.D.S. Mobile Canteen to designated areas.

SPECIAL ADVISORIES

Tornado Watch – declared in the geographical service area

Severe Thunderstorm Warning – declared in the geographical service area

Cloud to Ground Lightning/Hail – declared in the geographical service area

Wind Advisories – sustained speed of 50 mph, or greater, in the geographical service area

SUSPENSION EXEMPTION

As noted on page 4, under "Disciplinary Policies"

DISASTER RELIEF

When declared by Texas Department of Public Safety, or The S.A-TX DHQ:

- Inclement weather policy is in effect immediately
- Extended until the disaster response is complete & stand down is issued.

EMERGENCY DISASTER SERVICES – PROCEDURES

- As a disaster approaches, the Officer In Charge (O.I.C.) and the Emergency Disaster Coordinator (EDC) will participate in all related conference calls (National Weather Service, DHQ. Etc.)
- The E.D.C. will contact the bus station to determine the number of individuals to be sheltered.
- Shelters will remain open 24 hours until the relief effort stands down.
- All pertinent information will be provided to all Salvation Army staff involved in providing services related to the disaster. Staff shifts will be assigned for full coverage the Shelters & Food Services.
- All people will be taken in during disaster even if drunk or previously suspended. We do allow all suspended people to stay with the exception of Sex Offenders. Inform suspended individuals that we are making an exception because of the disaster. If they break any of the rules they will be asked to leave.
- Disaster clients fill out an In-take card and the H.M.I.S. information. A color (to be determined per response) sticker will be used to mark these items as E.D.S. clients.
- Shelter Entry:
 - Disaster client's luggage will be stored in the lobby.
- Meal Times: follow year round schedule.
- Facility Cleanliness – must be maintained to ensure a healthy environment, therefore, everyone staying in the facility will be assigned a chore.
- Food Services – need for servers, cleaners and sack lunch prep.
- Laundry & Housekeeping – sheets and towels must be cleaned and ready. The floors must be cleaned to ensure safety.
- Grounds – Men will be assigned to shovel snow and salt the walkways.
- If disaster clients remain in the building, they will be placed in the same bunk. If they leave they lose that bunk. They are allowed outside errands coordinated with the Shelter monitors. If they do not return by 9 pm, they lose their assigned bedding.
- Staff must communicate throughout the response period regarding needs to be met.
- When the disaster has ended, the Residential Services Manager will provide a statistical report to the following: Officer In Charge and the Emergency Disaster Coordinator.
- The Community Relations Director will report The Salvation Army activities to the media.

FRATERNIZATION DEFINITION

There will be NO fraternization between male and female clients who are not legally married. Adult clients are not allowed to communicate or play with children that are not their own.

PERMITTED

Physical

- Handshake
- Pat on upper shoulder, or upper back
- Side-to-Side Embrace

Communication

- Casual Conversation
- Encouragement
- Positive Chatter
- Education
- Genuineness
- Prayer

NOT PERMITTED

Physical

- Groping, grabbing, caressing, assault
- Kissing
- Touching Inappropriate Areas
- Bodily Connection- Embracing
- Hitting (Abuse)
- Subliminal Messages (Facial Expressions)
- Sex / Sexual Contact
- Rendezvous/Liaisons: client to client relationships, employee to client relationships.

Communication

- Cell phone "sexting", lewd, suggestive, and abusive calls to clients and/employees.
- No sexual connotation [sexting]
- Drug meets
- Alcohol meets
- Personal interference
- Messaging – texting or written notes
- Not in private – all communication must be in open common areas
- Verbal Abuse (derogatory, cursing or degrading)
- Rendezvous / Liaisons

EMPLOYEE DRESS CODE

Workers Together Manual

42.34 Personal Appearance – Your personal appearance is important to The Salvation Army and our public image, and is included as a measure in all performance reviews. It is imperative that you dress and act in a manner that is appropriate to your position and our overall corporate values. We therefore expect you to be well-groomed and neat, and to dress in a manner that is appropriate for your location and job function. As a courtesy to others, it is requested that you not use excessive or offensive lotion, cologne, or perfume.

At no time is it appropriate to come to work in clothing that is provocative, explicit, offensive, disheveled, or inappropriate for a professional work setting. When safety is a factor, common sense should be used when selecting clothing, shoes, etc. for work. If you are conducting or attending business meetings, seminars, conferences, etc. where you come in contact with other business professionals, you are expected to represent The Salvation Army in a professional manner and dress appropriately for conducting such business.

ADDENDUM

Name Tags – Name Tags must be worn at all times while on duty

Shirts – Must have a collar, may not wear t-shirts. Please do not wear items with inappropriate pictures, sayings, or advertising. If in doubt, do not wear it. No sleeveless shirts, spaghetti straps or halter tops may be worn.

Pants – Docker-type pants or capris in Khaki (green or tan), Black, or Navy. Shorts are not permitted. Jeans may be worn on Fridays for daytime staff.

Shoes - Soft-soled and peep toe shoes may be allowed. No flip flops are allowed. Do not wear shocking colors. Acceptable colors include: black, brown, navy, white, and grey

Jacket – Black, red, navy, or white

Jewelry – must be simple and non-hazardous to the work duties assigned.

Hats – Cannot be worn inside the building.

Cleanliness – Daily showering, use of deodorant and clean clothes. Use of perfume/after-shave must be used sparingly.

Hair – Facial hair should be trimmed, clean cut. Hairstyle should be professional in style and color.

Any official clothing ordered from T.S.A. is acceptable.

EMERGENCY SHELTER

122 W. 2ND ST

San Angelo, TX 76903, 325.227.4679



DOING THE MOST GOOD

All residents of The Salvation Army Emergency Shelter are required to follow these policies. Failure to follow may result in immediate dismissal from the Shelter property. Any attempt to falsify or give inaccurate information will result in dismissal from the Shelter.

RULES AND REQUIREMENTS

1. Curfew is at 9:00 pm. Residents are required to **sign in** and **out** when entering or leaving the building after initial daily check in. Lights out for all residents is at 9:00 pm.
2. If you come in after 9:00 PM, you must have prior arrangements approved by the Residential Services Manager.
3. Children under 18 years of age are not permitted in the Emergency Shelter dorms unless accompanied by a parent/guardian.
4. Married couples with a marriage certificate, or parent with children, will be housed in Shelter individual rooms.
5. Shelter cannot accommodate any immediate and/or long term medical issues, i.e. wheelchairs, oxygen tanks, walker, detox, etc. *without a written medical release*.
6. Monday – Friday: Wake Up at 6:00 AM. Breakfast at 7:00 – 8:00 AM.
Saturday – Sunday: Wake Up at 7:00 AM. Breakfast at 7:30 – 8:30 AM.
7. Dinner will be served to residents and non-residents from 5:00 – 6:00 PM.
8. Resident's children / grandchildren are expected to be with their parents or grandparents at all times. They may not be left with another resident. Parents and Grandparents are responsible for controlling their children. **NEVER LEAVE CHILDREN ALONE!** Any child abuse or neglect observed will be reported to CPS immediately.
9. You are expected to dress properly and maintain personal hygiene (some hygiene products are available on request at the monitor's desk.) You must bathe, wash your hair, brush your teeth and wear deodorant daily. You must be clean and neat at all times. You may not exit the dorm in sleep wear or under garments. Men may not walk around in their boxer shorts and women may not walk around in night gowns or robes. You cannot wear sleeveless shirts in the dining room. All shirts must have sleeves regardless of age. You must wear shoes outside of the dorm at all times.
10. Residents are responsible to discuss their emergency needs with the Residential Services Manager **within 7 days of arrival**. Case management is expected with an area agency. Failure to keep your agency appointments will mean immediate exit from the Shelter.
11. Residents are required to attend ALL appointments scheduled for their personal growth, and welfare.
i.e. – parenting classes, AA meetings, drug intervention, marriage counseling, etc.
12. All laundry is to be finished by 9:00 PM. Do not begin laundry after 8:00 PM. Do not leave clothes in the dryer overnight or during the day. No shoes or heavy objects are to be washed in the washers.
13. If you experience problems with another client: **DO NOT** confront that client. Report any problems to the monitor on duty.
14. **ANY** physical violence is prohibited. Any vulgarity or profane language used against the staff will not be tolerated. You must speak in a polite manner when on the premises. Respect others as you wish to be respected - Follow the Golden Rule. No tolerance given.
15. If suspected: you must consent to a Breathalyzer Test or Urinalysis Test.
Your signature on this form gives authorization to The Salvation Army to administer testing as needed.

16. **ZERO TOLERANCE** of illegal drugs or alcohol. This includes: over-the-counter or prescription drugs. Except for inhalers, all medications must be turned in to staff.
17. Zero tolerance for abuse, vulgarity or threatening of any staff of the Salvation Army. This is grounds for immediate dismissal.
18. Possession of any type of weapon is strictly prohibited, including any object that may be used as a weapon. If you require any type of tools for work, please surrender them to the monitor on duty and they will be returned to you when you leave in the morning.
19. Theft of any property from a resident or Salvation Army property will not be tolerated. The Salvation Army is not responsible for any loss or damage to personal property.
20. Residents are responsible for their property. Personal effects left unattended on the premises longer than 48 hours of exit will be disposed of immediately.
21. Surveillance cameras are in operation.
22. **FOOD / BEVERAGE ARE PROHIBITED IN THE SHELTER DORMS.** Diabetics and children will be given consideration by the Shelter Manager.
23. **FOOD OR DRINK IS ALLOWED IN ROOMS.** Bottled water in clear containers is allowed in dorms.
24. All rooms are to be kept clean and maintained; trash emptied, beds made, swept, frequent cleaning of toilet, sink and bathtub is necessary. Linens are to be turned in at designated schedule.
25. Daily chores are posted and expected to be performed to maintain common areas. Be sure you check the chart to see which chore you are assigned. Unannounced room inspections will be made.
26. Smoking is not permitted in the Shelter, or on campus. No combustible substances are allowed in the Shelter. Matches, lighters, candles or incense not permitted in the dorms.
27. Salvation Army will not receive messages nor mail / package delivery for residents
28. Responsible cell phone use is expected. Not permitted after 10:00 p.m.
29. The Salvation Army may search any area of the facility – including your effects.
30. **Any vehicle inoperable for seven (7) days left on Salvation Army property will be towed.** You must make arrangements for the storage of your car elsewhere. No auto maintenance on premises.
31. **DO NOT OPEN LOCKED DOORS FOR OTHER RESIDENTS. (IMMEDIATE DISMISSAL)**
32. **NO BULLYING, INTIMIDATING OR PARTICIPATING IN GROUP CONFRONTATIONS.**

Failure to obey these rules will result in written violations or dismissal. Residents are required to sign all violations. Accumulation of three violations may result in dismissal. Keep this sheet with you and refer to it as needed.

I hereby agree to these Rules and Requirements, and understand that failure to comply with the Program and Staff may result in dismissal from the premises and the Program. No remittance to the Program for one year.

Resident Signature: _____ **Date** _____

Intake Signature: _____ **Date** _____

COMMUNITY RESOURCES

TEXAS 2-1-1

Birth Certificate/ Identification/Utility Assistance:

Substance/Alcohol Abuse Residential Treatment:

Family Resources:

For information on additional local resources, call 2-1-1 from any Texas phone

THE SALVATION ARMY
122 W. 2ND ST, 76903

DISMISSAL/VIOLATION

TO: _____

Date: _____

This is to notify you that you have violated the rules and/or agreement of your stay at The Salvation Army Shelter in the following ways:

ACTION:

RESIDENTIAL SERVICES MANAGER

CORPS OFFICER

RESIDENT PERSONAL EFFECTS

48 Hours after client has exited from the facility and tagged with clients name and case #.
Staff packs effects, placing in front entry of Soc. Service, Office with this tag on the bag's taped or stapled and a copy needs to go to DRS and Officer In Charge box.

Client _____

Client ID # _____

Entry Date _____

Exit Date _____

Number of bags _____

Witness: _____

Date Item's Must Leave The Facility _____

Additional comments:

Staff Signature

Date

RESIDENTIAL SERVICES MANAGER

CORPS OFFICER

ALCOHOL / DRUG TESTING WORKSHEET

Date: _____ Client Name: _____

Client ID: _____ D.O.B. _____

Reason for Test: _____

Test Results:

Negative For All Drugs: _____

Positive for The Following Drugs (If alcohol record level) _____

Action Taken Due To Results: _____

Staff Signature: _____

Witnessed By: (Signature) _____

SIGNATURE OF STAFF RECEIVING GRIEVANCE

DATE

CORPS OFFICER / DATE

GRIEVANCE FORM

PLEASE COMPLETE & RETURN TO THE MAIN OFFICE – ATTN: CORPS OFFICER.

Name / Contact Number: _____ Date: _____

**WHAT IS THE NATURE OF THE GRIEVANCE?
[PLEASE EXPLAIN IN DETAIL. INCLUDE NAMES AND DATES.]**

**WHAT STEPS WERE TAKEN TO RESOLVE THE GRIEVANCE?
(SPOKE TO PERSON INVOLVED, STAFF, ETC.)**

SIGNATURE OF STAFF RECEIVING GRIEVANCE

DATE

CORPS OFFICER / DATE



DOING
THE MOST
GOOD™

Andre' Cox - General
Donald Bell, Commissioner - Territorial Commander
Ronnie Raymer, Lieutenant Colonel - Divisional Commander
Tim R & Cheryl W Grider, Majors - Corps Officers

DATE

TO WHOM IT MAY CONCERN:

ATTN: NAME

RE: LETTER OF RESIDENCY

NAME:

THIS LETTER IS TO STATE THAT:

IS A RESIDENT OF THE SALVATION ARMY EMERGENCY SHELTER, LOCATED
AT 122 W. 2ND ST, SAN ANGELO, TX 76903.

SHELTER LODGE PHONE NUMBER: (325) 227-4679

DATE OF ADMITTANCE:

Thank you and God Bless.

SINCERELY,

NAME
SHELTER MONITOR

TRG

DATE SIGNED



SATISFACTION SURVEY

Please rate your level of satisfaction in the following areas of assistance at The Salvation Army Shelter & Food Services on a scale from poor to excellent by checking one of the circles after each question. Please feel free to comment about any positive elements, concerns or suggestions for improvement and write those notes to the side of each question.

Question #1 How would you rate the attention you received from shelter staff when you first arrived, and during your stay?

- Excellent
- Good
- Average
- Mediocre
- Poor

Question #2 How would you rate the cleanliness and comfort of the shelter?

- Excellent
- Good
- Average
- Mediocre
- Poor

Question #3 How would you rate the quality of the food and the service in the dining hall?

- Excellent
- Good
- Average
- Mediocre
- Poor

Question #4 How would you rate your benefit from the guidance you received from the Shelter staff to access the help you needed to become self-sufficient?

- Excellent
- Good
- Average
- Mediocre
- Poor

Question #5 Overall, how would you rate your experience at The Salvation Army?

- Excellent
- Good
- Average
- Mediocre
- Poor

DATE OF ARRIVAL? _____

DATE OF DEPARTURE? _____

Thank you for your comments. God Bless!

TRANSITIONAL LIVING PROGRAM

Clients wishing to enter the Transitional Housing program must complete the Transitional application. Clients must have completed at least 30 days in Emergency Shelter or time deemed by Residential Services Manager.

Clients must have less than three Incident reports while in Emergency Shelter.

Each application will be reviewed and will be placed on the wait list.

Residents applying for Transitional Living Program must be working toward a goal such as continuing education, learning a new skill, trade or finding a way to increase their income.

Clients selected for the Transitional program must adhere to policies.

Transitional Policies:

1. Must check in with monitor at 7:00 AM each morning.
2. Must continue to work towards the goals described in the application.
3. Must turn in work verification forms if unable to meet check in time of 9:00 PM.
4. May stay in shelter during the business day with approval from Residential Services Manager.
5. Must not give anyone the code to get in the door.
6. May receive child care assistance, pending applying for Child Care Subsidy assistance. Once approval from Child Care Subsidy is obtained, then TSA will no longer assist with child care fees.
7. Upon completing goals and seeking permanent housing, resident may be eligible to receive assistance with deposit, the first month's rent and/ or the security deposit.
8. Residents, who exit the program without meeting their goals, may not be eligible for the financial assistance.
9. Residents who leave the program and wish to seek re admittance must appeal their return. They may be eligible to return to the emergency shelter but will not be placed back immediately in transitional. Their transitional file will be reviewed and a statement must be made by the resident as to why they are seeking re admittance. A committee will review the information and determine if the client is eligible to return to the transitional program. Returning resident may reenter if there's an opening in the program, the amount of incident reports on file, and proximity to achieving their goals during their prior enrollment.
10. If there are not any openings in transitional the resident will be placed on the transitional waitlist and continue in emergency shelter for 90 days. If the 90 day term is up, then the client will be exited from the shelter. Resident must still meet with the Residential Services Manager as if they were an emergency shelter client.



RESIDENT INTAKE CHECKLIST

Name _____ Date _____
Address _____ Number of Children _____
Phone # _____ Age of Children _____
Referred By _____

- _____ Letter of reference or referral verifying homelessness
- _____ Intake Application
- _____ Copy of driver's license or other identification
- _____ Copy of social security numbers of ALL members of the family
- _____ Intake Form
- _____ Service Plan
- _____ Client Agreement Form
- _____ Letter of employment with contact person and phone number
- _____ Most recent income check stubs (if applicable)
- _____ Education (if attending school, please supply a copy of schedule of classes and last grade report)
- _____ Verification of food stamps and TANF and child support
- _____ Verification of any expense currently being paid (receipts and bills)

JOB SEARCH LOG

YOU MUST KEEP A RECORD OF YOUR JOB CONTACTS. YOU MAY BE ASKED TO PRODUCE THIS RECORD AT ANY TIME.

Date Mo/Day/Yr.	Employer Name, Address, Telephone #, or E-mail	How contacted	Person Contacted	Position Sought	Results	Application or Resume Filed?
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSITIONAL PROGRAM INTERVIEW/ASSESSMENT

1. GOAL ORIENTATION

What circumstances, or changes, led to your current living situation?

What are your personal goals? For your child/children?

What are your goals in the next:
Six months?

One year?

Five years?

What steps have you taken, or will you need to take, to move toward these goals?

What resources will you need to meet these goals?

What are your strengths? What are your job skill / education / training?

What obstacles do you need to overcome?

Are you willing to work on your goals, complete as stated?

II. SELF ESTEEM

Rate yourself as a person on a scale of 1-10. Rating # _____

What are your personal qualities?

What do others like about you? What are some things your friends, your boss, say about you?

How do you feel when someone asks you to try something new?

III. MOTIVATION/WORK ETHIC/PAST SUCCESS

Describe a time in your life when you won an award, achieved a goal, or felt successful in a job, in school, in your family, or in other areas of your life.

What job or work did you enjoy, paid or not.

Do you like your current job? What are the positives / negatives about it?

Have you ever been fired from a job? If so, what happened?

What occupies your free time? What would you like to do with your free time?

IV. COMMUNICATION/CONFLICT RESOLUTION SKILLS

Where you last lived, how did you relate to your neighbors?

Describe a conflict you had ~~a conflict~~ with a friend, family member, neighbor, co-worker, etc. How did you resolve it?

What makes you angry? What do you do when you are angry?

V. RELATIONSHIPS

Describe the family you grew up in, where you lived as a child, etc.

Describe your relationship with your family now?

How were you disciplined by your parents or caretakers when you were growing up?

Did you experience any type of abuse growing up? Yes ___ No ___ If yes, explain?

Are there other relatives who you were close to growing up?

Do you have relatives? Yes _____ No _____ How do you get along with them?

When you have free time with your child/children, what do you do?

Have you or your children ever been to counseling individually, or as a family? Yes ___ No ___

If yes, are you still seeing a counselor? Yes ____ No ____

Have you ever had a worker from Child Protective Services contact you? Yes ____ No ____
If so, please explain circumstances:

Do you have any children who are not currently living with you? Yes ____ No ____
If so, describe your relationship with these children.

How do you discipline your child/children?

Does this method work?

Yes ____ No ____ Most of the time ____ Sometimes ____ Not very often ____

Are your children having any adjustment problems that worry you? If so, tell me about the problem.

Have you ever been involved with groups in your neighborhood, school or church? Yes ____ No ____
Tell me about it.

Have you ever been married or been in a committed relationship? Yes ____ No ____
Describe these relationships and their outcome.

Have you ever found yourself in a physically or sexually abusive relationship with your spouse or
significant other? Yes ____ No ____ If yes, tell me about that situation.

Have you received counseling related to this issue? Yes ____ No ____ If yes, give details.

Are you in a relationship with someone right now? Yes ____ No ____ If yes, how would you describe
this relationship?

VI. ABILITY TO LIVE WITHIN MEANS/SPENDING PATTERNS

Do you have a checking account or a savings account?

Yes ___ No ___ Current Balance? _____

Have you ever seen a copy of your credit report?

Yes ___ No ___

If so, when? _____

Current Bills:

Creditor	Amount
_____	_____
_____	_____
_____	_____
_____	_____

What would happen if you became disabled and couldn't work or care for your children?

What would happen if you couldn't find work?

VII. TRANSPORTATION/MOBILITY

Do you have a driver's license? Yes ___ No ___

Do you own a car? Yes ___ No ___ Is it insured? Yes ___ No ___

Car's operating condition. Good ___ Fair ___ Poor ___

Do you know how to use the city bus system? Yes ___ No ___

Would you be willing to ride the bus to work or day care? Yes ___ No ___

VIII. SUBSTANCE ABUSE/ADDICTIONS

Have you ever had a problem with alcohol or drugs? Yes ___ No ___

Do you drink? Yes ___ No ___ If so, how much? _____

How many times a month do you drink to get drunk?

___ 0 ___ 1-2 ___ 3-4 ___ Once a week ___ More than once a week ___

Have you ever been arrested for DWI/DUI? Yes ___ No ___

Have you ever been on methadone? Yes ___ No ___

Have you ever used cocaine? Yes ___ No ___

Have you ever used marijuana? Yes ___ No ___

Have you ever used inhalants, amphetamines, PCP, LSD, ecstasy or other drugs? Yes ___ No ___

If so, date last used: _____

Has anyone in your family had a problem with alcohol or drugs?

Yes ___ No ___

Have you been tested for H.I.V.?

Yes ___ No ___

Are you willing to be drug tested at any time we ask during the program?

Yes ____ No ____

Do you have trouble sleeping?

Yes ____ No ____

Do you take medication to help you sleep?

Yes ____ No ____

If yes, what kind? _____

Do you smoke? Yes ____ No ____

If so, do you smoke in bed? Yes ____ No ____

Have you ever fallen asleep while smoking?

Yes ____ No ____

IX. CRIMINAL HISTORY

Have you or a member of your family ever been involved in a gang? Yes ____ No ____ If so, how were you involved?

Have you ever been arrested? Yes ____ No ____ Spent time in jail? Yes ____ No ____

On what charge?

Are you currently on probation or parole? Yes ____ No ____ Parole

Officer: _____

If yes, explain:

Is there anything else you need to tell us about yourself that would help us understand you better?

EMERGENCY INFORMATION:

Please provide the names of two friends or relatives (who would know where you are) we can contact in case of an emergency.

Name _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Relationship _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Relationship _____

CERTIFICATION OF TRUTH:

I, _____ certify that all information obtained in this application is true and correct to my knowledge. Any falsification of information could lead to my dismissal in participation of the Transitional Housing program. . I understand that my personal information is confidential and will not be shared with anyone unless I provide written permission to share.

Applicant Signature

Date

Residential Services Manager Signature

Date

TRANSITIONAL LIVING APPLICATION

Date: _____ Time _____ Previous Resident? [] yes [] no total family members: _____

NAME (LAST, FIRST, MIDDLE) _____ HMIS ID # _____

SOCIAL SECURITY#: _____ DATE OF BIRTH: _____ are you a US citizen? YES NO

ARE YOU A PERMANENT RESIDENT YES NO OR Are you a U.S. ALIEN RESIDENT YES NO

Race: American Indian/Alaskan native Asian black or African American Native Hawaiian/Pac island
 White Multi-racial

Ethnicity: Hispanic/Latino non-Hispanic/Latino don't know/refuse to answer

Gender: Male Female

******In case of emergency, contact:**

Name: _____ RELATIONSHIP: _____ PHONE: _____

Family status: Married Single DIVORCED SEPERATED widowed

SPOUSE NAME: _____ SOCIAL SECURITY#: _____ DATE OF BIRTH: _____

Please list the INFORMATION OF ALL CHILDREN & OTHERS IN YOUR HOUSEHOLD:

name (LAST, FIRST, MIDDLE)	social security#	date of birth	race (if different from applicant)	RELATIONSHIP

Please answer

Are you the victim of domestic violence? _____ Yes _____ No
 Are you a military VETERAN? _____ Yes _____ No
 if so, branch and dates of service _____
 Do you have a disability? _____ Yes _____ No
 DISABILITY TYPE: ALCOHOL ABUSE DEVELOPMENTAL DRUG ABUSE PHYSICAL/MEDICAL
 MENTAL ILLNESS PHYSICAL/MOBILITY LIMITS HIV/AIDS HEAR IMPARED VISION IMPAIRED DUAL
 DIAGNOSIS
 Person with HIV/AIDS? _____ Yes _____ No
 Substance abuse problem? _____ Yes _____ No

Employment

Are you CURRENTLY EMPLOYED? Yes NO Full-time Part-time Temporary Permanent
 Employer _____ Position AT Work _____
 Date employment began _____ How Many Hours Do you typically work Per Week _____
 If not working, are you currently looking for work? Yes NO
 SPOUSE EMPLOYED? YES NO
 Employer _____
 Position AT Work _____ Date employment began? _____ How Many Hours
 Does HE/SHE typically work Per Week _____

EDUCATION

Highest level of education obtained: did not obtain GED/Diploma GED High school diploma

associates degree bachelor's degree post-graduate
other _____

ARE YOU OR IS ANYONE IN YOUR HOUSEHOLD PREGNANT? Yes No

Have you ever been in a shelter before? Yes No

If so, when? _____

What shelter? _____

Were you homeless continuously over the last 12 months? Yes No

Have you been homeless four times within the past 3 years? Yes No

Sources of non-cash benefits

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS? (CHECK ALL THAT APPLY)

- Food stamps or money for food on a benefits card
- Medicaid health insurance program
- Medicare health insurance program
- state children's health insurance program
- Special supplemental Nutrition (WIC)
- Veteran's Administration (VA) medical Services
- TANF child care services

PHOTO CONSENT AND SEX OFFENDER BACKGROUND CHECK

BY SIGNING I AUTHORIZE the STAFF OF THE SALVATION ARMY TO TAKE PHOTOGRAPHS OF THE PEOPLE LISTED ABOVE FOR PURPOSES OF IDENTIFICATION. THESE PHOTOGRAPHS WILL NOT BE USED IN ANY ADVERTISING, MEDIA, OR ART WITHOUT FURTHER PERMISSION FROM ME. I ALSO AUTHORIZE ANY OF THE STAFF TO CONDUCT A CRIMINAL BACKGROUND CHECK. I UNDERTSAND THIS IS FOR ALL PROTECTION OF GUESTS AND STAFF.

CLIENT SIGNATURE: _____ date: _____

CHECK IN MONITOR SIGNATURE: _____ date: _____

office use only

CHECK IN DATE _____

BED ASSIGNED _____ OR EMERGENCY COT _____

ATTACHED: COPY OF PHOTO ID () COPY OF SOCIAL SECURITY CARD ()

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

By signing this form authorizes The Salvation Army to share personal information collected about you and or your family with other service providers and voluntary organizations participating in the Homeless Management Information System (HMIS). Client data is entered in the HMIS database by employees of The Salvation Army. Some of this data may be shared with other agencies via a local community network to maintain community services and statistics.

With this exception of certain limited circumstances, it is the policy of The Salvation Army not to release information about individual or family assistance, or other personal information obtained through the provision of emergency relief services, without the written consent of the individual or family assistance, or other personal information obtained through the provision of emergency relief services, without the written consent of the individual or family. Therefore, we need our written consent to share this information to and assist or your family with obtaining the services in the most expeditious and least cumbersome manner.

I hereby authorize The Salvation Army to disclose the information obtained about me including but not limited to my name, address, and the type of assistance I am receiving to other service providers and voluntary organizations including but not limited to HUD, FEMA and the community HMIS agencies. Information shared only to coordinate available supportive social services assistance.

I understand that I may revoke this consent at any given time by contacting The Salvation Army except when action has been already taken to obtain and/or release such information to organizations participating in HMIS. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Limits to Confidentiality include: court-ordered subpoena, suspicion of child/elder abuse, intent to harm self/others/property, case supervision, administrative process of files and funds, procedural authorizations, caseworker, auditor and technical staff access to data.

I have read the LIMITS TO CONFIDENTIALITY statement above _____ (INITIAL).

Signature: _____ Date _____

TRANSITIONAL LIVING PARTICIPANT AGREEMENT

Client Signature: _____ Date _____

	I agree to participate with the Residential Services Manager by following this agreement and my case management plan.
	I agree to meet face to face with the Residential Services Manager at least twice per month.
	I agree to set and work towards monthly goals with the case manager.
	I agree to apply for any resources for which I may qualify, including but not limited to Medicaid, SNAP, SSI, etc. I agree to do so within 30 days of entry to the program.
	If it is determined that I have a substance abuse problem, I agree to participate in a drug screening and assessment within 30 days. If it is determined that I need substance abuse treatment, I agree to participate in a recommended treatment program within 90 days.
	I agree to attend a mental health assessment if it is determined that I may benefit from such services
	I understand that if it is determined that I am under the influence of drugs or alcohol at an appointment, no services will be delivered at that time. The case manager may reschedule the appointment for a later date.
	I agree to follow the HUD guidelines defining acceptable living conditions of my unit. This includes keeping my unit clean and well maintained.
	I agree that staff from the Emergency Shelter may visit my room at any time and request a complete inspection.
	I understand that I must comply with the terms of my agreement. Violations may result in removal from the program.
	I understand that staff from the Emergency Shelter may visit my unit on a regular basis and may request a complete inspection of the premise at any time.
	I understand that I may not have any overnight guests.
	I understand that any changes in the agreement or any intention to leave the program must be discussed with my case manager.
	I understand that the staff from the Emergency Shelter is here to help me and I will treat them with respect.
	I understand that there are other persons in this program and will treat them as I would like to be treated.
	I agree that I will not engage in illegal drug or criminal activity.
	I agree that I will not keep firearms or weapons in my unit.
	I will not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
	I understand that I will be working towards self-sufficiency as a participant of the Emergency Shelter Transitional Living Program.
	I agree to follow all of the "house" rules for all areas that I will be involved in: i.e., dining room, TV lounge, laundry area, etc.

Residential Services Manager Signature: _____ Date _____

**PROGRAM SERVICE FEE
AGREEMENT**

RESIDENT NAME: _____

FACILITY ADDRESS: 122 W. 2ND ST, 76903

AMOUNT TO BE DEDUCTED PER **WEEK** PER **EMPLOYEE**: **\$70.00**

GUIDELINES

- FEE IS PAID TO SHELTER FRONT DESK ON MONDAYS.
- RESIDENT MUST ABIDE BY FACILITY HOURS OF OPERATION.
- RESIDENT MUST CONTAIN PERSONAL PROPERTY AND EFFECTS WITHIN ASSIGNED LIVING AREA AS STATED BY FACILITY STAFF.
- RESIDENT UNDERSTANDS THEY ARE TO ABIDE BY THE FACILITY SECURITY RULES, DO NOT HAVE ACCESS TO FACILITY KEYS, OR SECURITY CODES.
- RESIDENT MUST ABIDE BY FACILITY POLICIES AS STATED REGARDING:
 - FOOD & BEVERAGE
 - DRUGS & ALCOHOL
 - NON-RESIDENTIAL GUESTS
 - COMMON AREAS
 - PERSONAL TRANSPORTATION & STORAGE.
- RESIDENT UNDERSTANDS THIS AGREEMENT DOES NOT LIST ALL EXPECTATIONS REQUIRED BY THE SALVATION ARMY AND ITS FACILITY.
- **START** DATE: ____/____/____ **END** DATE: ____/____/____
- **REMITTANCE** DUE DATE: ____/____/____
- **TOTAL** DUE: \$_____

RESIDENT PRINTED SIGNATURE / DATE: _____

RESIDENTIAL SERVICES MANAGER SIGNATURE / DATE: _____

INSERT
VOLUNTEER DATA COLLECTION FORM
[EXCEL]