



## Client Intake Form

Personal Information

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse Name \_\_\_\_\_

ID or D/L State/Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Secondary # \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Branch \_\_\_\_\_ Year of service \_\_\_\_\_

Are you taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

Have you been diagnosed with a physical or mental condition or disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking assistance because of an addiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking assistance because of abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any warrants for your arrest? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you required to pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes are you behind on your child support? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your income including health benefits? \_\_\_\_\_



## House of Mercy House Rules

- Due to the many tours of the shelter, Clients must be fully dressed when not in their room/living space. In addition, children must be fully dressed.
- Dress must be modest in keeping with Christian moral standards.

### ROOM/PERSONAL SPACE

- Rooms/personal space must be kept, neat and organized always.
- Coffee pots, hotplates, toaster ovens, microwaves, etc.... are not allowed in the Clients room/personal space.
- Clients are not allowed in other Clients' rooms/personal space, halls, floors, or smoking areas. If a Client desires fellowship with another Client, they must use the common areas.
- Quiet time begins at 9:00 p.m. Lights out 9:30.
- You are required to be in your room/personal space from lights out to wake up.  
NO EXCEPTIONS!

### HYGIENE

- All Clients must maintain personal hygiene habits daily. This includes but is not limited to showering, brushing teeth and wearing deodorant.

### LANGUAGE

- Conversation between Clients should be positive in nature to strengthen and encourage one another. Sharing of past experiences that are not positive in nature are not allowed.
- No street talk, cursing, backbiting, gossiping or jail talk will be allowed.
- It is also unacceptable to speak in a derogatory manner towards other Clients (same or opposite sex), Staff or any other person.
- Any language that is threatening in nature to staff, volunteers, or resident, etc. may be grounds for immediate dismissal.

### PORNOGRAPHY

- Possession of or viewing of pornographic material in any form will not be allowed.

### GENERAL ETIQUETTE

- All Clients will observe and maintain the utmost courtesy and manners, demonstrating Christ-like character and attitude toward others.

- Anyone in the House of Mercy will be expected to dress modestly and appropriate.
- No imprints displaying vulgar language, beer, alcohol, cigarette ads, or anything deemed lewd or indecent by H.O.M.E.
- All working in the kitchen, dock area, clothing room and delivery truck must wear closed toed shoes. All kitchen employees must wear gloves, aprons, hats or hair nets and all other dress as required by H.O.M.E. and/or the Young County Public Health District.
- Not allowed: Short shorts, tank tops, midriff tops or low-cut tops. Flip flops while working. Tight fitting clothes such as yoga pants unless they are worn as an undergarment. Wind shorts or biking shorts.
- Tattoos deemed vulgar, lewd or inappropriate by H.O.M.E. must be covered while on the job.

#### AUTOMATIC DISMISSAL

- When a Client has received 3 written violations there will be an exit review determining whether the client must leave or possible stay.
- Physical violence toward another person – with intent to harm
- Destruction of property –with malicious intent
- Possession of weapons, this includes firearms, knives, shivs, anything that has been made for hurting people or using for self-defense/ Possession of items that could be used as weapons (knives, razor blades, screwdrivers, items other than those listed under weapons)
- Sexual relations with other Clients
- Possession of drugs, synthetic drugs and/or drug paraphernalia
- Selling, lending, trading or giving drugs (illegal or prescription) to other Clients
- Refusal to take a drug or alcohol test
- Refusal to be searched (person, personal belongings or room/personal space)
- Any Illegal activity not previous listed
- Inappropriate romantic or sexual behavior toward/with any client, resident, volunteer or staff member
- Stealing-with valid proof
- Smoking inside the building

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Client Signature

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Date



## 1 to 10 Day Rule Definition

During a 1 to 10-day probationary period, the Client will receive an orientation of the House of Mercy Enterprises Programs. An appropriate Director will meet with and evaluate the Client concerning the programs available. If the Client does not choose to participate in the offered programs, they will be allowed to complete their designated 1 to 10-day probation stay to attain other living arrangements as they continue to abide by house rules. A client may not return until after a period of 30 days to the House of Mercy and reapply for an offered program.

If a 10-day client so chooses he/she may request an extension interview during the 10 days with the appropriate director to apply for an extension. The application will be reviewed and granted or refused based on its merits. This review will consider such criteria as:

- Permanent housing application status
- Disability application status
- Other evidence for forward progress
- Short term medical needs
- Adherence to house rules

Director signature: \_\_\_\_\_ Date \_\_\_\_\_

Client signature: \_\_\_\_\_ Date \_\_\_\_\_



## Media Release Form

I, the undersigned, do hereby consent and agree that House of Mercy Enterprises or any of its subsidiaries, their employees, or agents have the right to take photographs, videotape or digital recordings of me and/or my children and use these in all media, including print now or hereafter known, I further consent that my name and/ or my children's names and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to House of Mercy Enterprises and any of its subsidiaries, their employees, or agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights; claims or interest I must control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that House of Mercy Enterprises and any of its subsidiaries, their employees, or agents are not responsible for any expense of liability incurred because of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Adults Name (Print all) \_\_\_\_\_

Child's Name or Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Witness (Print name and sign) \_\_\_\_\_

\_\_\_\_\_  
Witness' address \_\_\_\_\_

\_\_\_\_\_  
**Signature of person giving release**



## Client Release Statement

I, \_\_\_\_\_, understand that my acceptance as a client at the House of Mercy requires the following.

1. I am a volunteer participant and not an employee of the House of Mercy Enterprises or any of its affiliates. I further understand that under no circumstances can the House of Mercy Enterprises or any of its affiliates be under any obligation to me.
2. I understand that my admittance and continued residence at the House of Mercy Enterprises is dependent upon my needing such assistance and my willingness to help myself and others so situated including the voluntary performance of such duties as may be assigned to me. I also will attend such classes as required of all residence.
3. I understand that I am a resident of this facility solely at the permission of H.O.M.E. I will leave the facility if asked.
4. I am aware of the hazards and risks to my person and property associated with being a part of this program. Such hazards and risks include, but are not limited to injury by accident, disease, death, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence, I voluntarily assume all risks of death, injury, and illness associated with such risks and any affiliates may not have any insurance coverage that would apply in the event of my death, illness, injury or damage to my personal property that may occur during my participation in the program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance. Furthermore, I wave any rights I may have as a tenant.
5. I release the House of Mercy Enterprises and its affiliates, agents, officers, directors, employers, and volunteer staff from any liability whatsoever arising as result of death, injury, or illness that I may suffer because of my participation in the program.
6. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
7. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
8. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTNETS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. This is a LEGAL DOCUMENT AND I UNDERSTAND THAT I CAN CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.
9. I hereby give my permission for the House of Mercy Enterprises to do a background check.
10. I hereby understand that the House of Mercy may contact the Olney Police Department to assist in any situation deeming this degree of intervention.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Client's Signature \_\_\_\_\_

Client's Printed Name \_\_\_\_\_

(In signing this release form, I hereby state that all information in this application is true and correct and any information falsified constitutes immediate grounds for removal from The House of Mercy.)



# Fire and Tornado Procedures

## Fire Alarm:

- In the event of a fire alarm every person MUST begin exiting the building.
- All House of Mercy clients need to evacuate the building and meet in the parking lot across the street in front of the building.

## Tornado Alarm:

- In the event of a tornado or severe weather, an announcement will be made for clients to take the tornado precautions.
- Clients need to report to designated areas for shelter.
- At Present Center of Building is designated area.

## Things to Remember:

- Staff will clear the halls and direct you where to go. if you know that someone has not left their room, please let staff know so we can get them out.
- Mothers make sure you take young children by the hand and keep them close to you the entire time. Families should stay together the entire time.
- Do not leave the appointed area until the 'ALL CLEAR' announcement is made.
- It is MANDATORY for every person to leave their room during a fire/tornado alarm, NO EXCEPTIONS,

I have read and fully understand these procedures, and realize that failure to adhere to the Emergency Procedures will result in consequences.

Sign \_\_\_\_\_ Date \_\_\_\_\_







## STATE CHILD ABUSE GUIDELINES

While you and your children are staying at the House of Mercy there is a zero-tolerance policy for child abuse and/or neglect. If you are witnessed being abusive and/or neglectful toward any child immediate action will be taken. The police may be contacted and if necessary, they will remove you and they will contact the Child Protective Services office and have them take charge of your children.

The House of Mercy Enterprises Staff reserve the right to use their discretion at any time, to call authorities without any notice to you. We will cooperate fully with the requirements and requests of the Child Protective Services representatives.

ABUSE ACCORDING TO THE STATE FAMILY CODE IS SUMMARIZED BELOW.

THE FOLLOWING STATEMENTS ARE STRICTLY EXAMPLES AND GENERAL EXPLANATIONS AND ARE ONLY TO BE USED AS REFERENCE THEY ARE NOT A COMPLETE AND FULL EXPLANATION OF OFFENSES.

- EMOTIONAL ABUSE  
CONSTANT NEGATIVE REMARKS OR COMMENTS
- VERBAL ABUSE
- SEXUAL ABUSE  
ANY SEXUAL ACTIVITY INFLICTED ON A CHILD TO INCLUDE BUT NOT LIMITED TO PHYSICAL, TELEVISION SHOWS/MOVIES, OR VIDEOS, PRINTED MATERIALS, ETC. WITH SEXUAL CONTENT
- PHYSICAL ABUSE  
ANY ACTION OF HARM, DANGER OR POTENTIAL HARM AND DANGER;  
FAILURE TO PROTECT A CHILD FROM HARM, DANGER OR POTENTIAL HARM AND DANGER
- PHYSICAL NEGLECT  
FAILURE TO PROVIDE CLEAN CLOTHING, DIAPERS AND SURROUNDINGS  
FAILURE TO BATHE AND CLEAN CHILD AS NEEDED  
FAILURE TO PROVIDE APPROPRIATE MEDICAL ATTENTION OR CARE  
FAILURE TO PROVIDE APPROPRIATE FOOD/MEALS

YOUR SIGNATURE ON THIS FORM MEANS YOU UNDERSTAND AND ACCEPT ALL ABOVE INFORMATION. FAILURE TO ADHERE TO THESE GUIDELINES COULD RESULT IN DISMISSAL FROM THE HOUSE OF MERCY

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_