



MFP Intake Checklist

Participant Name:	
ID #:	
Entrance Date:	
Unit #:	

Entrance Paperwork Checklist:

- Adult Demographics
- Children's/Dependent's Demographics
- Verification of Homelessness
- HMIS Consent Form
- Notice of Confidentiality and Release of Records
- Rights and Information as a Program Participant
- Confidentiality Guidelines
- Monthly Program Agreement Guidelines
- Verification of Income Log
- Therapeutic Health Services Release of Information
- HealthPoint Release of Information

To Be Scanned into Database:

- Adult Demographics
- Children's/Dependent's Demographics
- Verification of Homelessness
- HMIS Consent Form
- Notice of Confidentiality and Release of Records
- Rights and Information as a Program Participant
- Confidentiality Guidelines
- Monthly Program Agreement Guidelines (scan copy to Lin)
- Verification of Income Log

Additional:

- Open new housing "stay" in database
- Create "housing check-in" entry in database
- Update Roster



Intake Date: _____ **Participant ID:** _____

Contact Information:

Last Name: _____ **First Name:** _____

Alternative Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Inside City Limits? Yes No

Phone #: _____ **Safe to Call?** Yes No **Safe to leave Msg?** Yes No

E-mail: _____ **Safe to E-mail?** Yes No

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone #: _____

Gender: Female Male Transgendered Other Unknown Refused

Date of Birth: _____

Ethnicity: Latino Non-Latino Unknown Refused

Race:

(Please check all that apply)

- Caucasian/White Asian Cambodian Chinese, except Taiwanese
- Filipino Japanese Korean Taiwanese Vietnamese South Asian
- Pacific Islander Hawaiian Native Micronesian (Guamanian/Chamorro, Other)
- Polynesian (Samoan, Tongan, Other) Black African American
- Indigenous African Arab Middle East
- Indigenous/Native to the Americas Alaskan Native, Aleut, Eskimo
- American Indian (U.S Tribe) Bi-Racial Multi-Racial Unknown
- Refused
- Other: _____

Referral Source:

(Please check all that apply)

- Address Confidentiality Program Attorney Brochure/Flyer/Pamphlet
- Court/Legal Advocate Culturally Specific Services
- Doctor/Medical/Hospital DSHS Education System Faith-Based
- Friend/Family Law Enforcement LifeWire Website Mental Health
- Previous LifeWire Participant Public Health Social Services Program
- State/National Hotline Therapist/Counselor Work Unknown
- Refused
- Other: _____

Relationship to Abuser:

- Current Partner Ex-Partner Current Spouse Ex-Spouse
- Family Member Other Unknown
- Refused
- Other: _____

Abuser's First Name: _____ **Last Name:** _____

Abuser's Date of Birth: _____

Client or Family Member Served on Active Duty in US Military? Yes No Unknown

Veteran Status:

- No-No One Yes-Self Yes-Parent Yes-Spouse
- Yes-Other Family Member Refused

Veteran Discharge Status:

- Bad Conduct Dishonorable General Honorable Medical
- Not Applicable Not Discharged Unknown Refused

Employment Status:

- Employed F/T Employed P/T Unemployed, Not Looking
- Unemployed, but Looking Unable to Work Self Employed
- Seasonal or Day-to-Day Retired Not in Job Market
- Attending School/Employment/Vocational Training Program Refused

Primary Language: _____

Other Languages Spoken: Yes No Refused

Non/Limited English Speaking? Yes No Refused

Immigrant: Yes No Unknown Refused

Country of Origin: _____

Disability: Yes No Unknown Refused

How would you describe your sexual orientation?:

- Lesbian Gay Bisexual Queer Straight/Heterosexual Unknown
- Refused Other: _____

(Please check all that apply)

Total Monthly Family Income: _____

Income Source:
(Please check all that apply)

- No Income ABD TANF Child Support Unemployment
- Wages/Employment SSI SSDI Financial Aid Family Support
- L&I/Worker's Compensation Spousal Maintenance Pension/Other Retirement Social Security Veterans' Disability Payments
- Veterans' Pension Other Source Refused

Number of Children under 18: _____

Total Number in Household: _____

HUD Level: (Multiple Total Monthly Income by 12)

Number of People in Household	1	2	3	4	5	6	7
-------------------------------	---	---	---	---	---	---	---

Extremely Low (30% of AMI)	\$18,850	\$21,550	\$24,250	\$26,900	\$29,100	\$32,570	\$36,730
Very Low (50% of AMI)	\$31,400	\$35,850	\$40,350	\$44,800	\$48,400	\$52,000	\$55,600
Low (80% of AMI)	\$46,100	\$52,650	\$59,250	\$65,800	\$71,100	\$76,350	\$81,600

Household Status:

- Single Adult Household
- Single Parent Household w/Minors
- Multiple Adult Household w/Children
- Multiple Adult Household w/o Children
- Related Adults Household w/Minors
- Related Adults Household w/o Minors
- Unknown
- Refused

Highest Education Level:

- High School Diploma or GED Associate's Degree
- Some High School
- Certificate/Vocational Training
- Some College
- Bachelor's Degree
- Postgraduate Education
- Child Under 18
- Unknown
- Refused

Housing Status:

- Stably Housed
- At Risk of Losing Housing
- Imminently Loosing Housing
- Losing Housing
- Literally Homeless
- Unknown
- Refused

Residence Prior to Program Entry:

- Emergency Shelter or Hotel/Motel paid w/Voucher
- Hotel/Motel without Voucher
- Owned by Client (no on-going housing subsidy)
- Owned by client (w/on-going housing subsidy)
- Permanent Housing for Formerly Homeless Persons
- Place not meant for Habitation (i.e. car, park, streets)
- Rental by Client (no on-going housing subsidy)
- Rental by Client (non-VASH subsidy)
- Rental by Client (w/VASH subsidy)
- Staying or Living with Family Member
- Transitional Housing for Homeless Persons
- Unknown
- Refused
- Other: _____

Length of Stay in Previous Housing

- 1 Year or Longer
- 1-3 Months
- More than 3 Months, Less than 1 Year
- More than 1 Week, Less than 1 Month
- 1 Week or Less
- Unknown
- Refused

If Homeless, for how many months? _____

Number of times homelessness has occurred in the last 3 years? _____

Address of Where You were Last Stably Housed:

 City: _____ State: _____ Zip: _____ County: _____



Please complete for each dependent in the household.

Last Name: _____ First Name: _____

Alternative Name: _____

Is the Dependent Residing with Participant? Yes No Unknown Refused
(If Yes, Skip Address Info)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Inside City Limits? Yes No

Gender: Female Male Transgendered Other Unknown Refused

Date of Birth: _____

Ethnicity: Latino Non-Latino Unknown Refused

Race:

(Please check all that apply)

- Caucasian/White Asian Cambodian Chinese, except Taiwanese
- Filipino Japanese Korean Taiwanese Vietnamese South Asian
- Pacific Islander Hawaiian Native Micronesian (Guamanian/Chamorro, Other)
- Polynesian (Samoan, Tongan, Other) Black African American
- Indigenous African Arab Middle East
- Indigenous/Native to the Americas Alaskan Native, Aleut, Eskimo
- American Indian (U.S Tribe) Bi-Racial Multi-Racial Unknown
- Refused
- Other: _____

Relationship to

Abuser:

- Current Partner Ex-Partner Current Spouse Ex-Spouse Parent
- Family Member Other Unknown Refused
- Other: _____

Veteran Status:

- No-No One Yes-Self Yes-Parent Yes-Spouse
- Yes-Other Family Member Refused

Primary Language: _____

Other Languages Spoken: Yes No Refused

Non/Limited English Speaking? Yes No Refused

Immigrant: Yes No Unknown Refused

Country of Origin: _____

Disability: Yes No Unknown Refused



VERIFICATION OF HOMELESSNESS

I, _____, hereby declare that I am fleeing a domestic violence housing situation, that no subsequent residence has been identified for me yet, *and* that I lack the resources and support networks needed to obtain alternate housing.

____ Yes ____ No

Other member(s) of my household who are also currently without permanent, standard, night-time housing due to fleeing this domestic violence situation are:

(please list)

Name	Relationship to person above	Age

Participant Signature

Date

Witness Signature

Date

King County Homeless Management Information System (HMIS)

Client Consent for Data Collection and Release of Information

What is the HMIS?

The HMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the HMIS for King County. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help King County provide housing and services. A current list of Partner Agencies is at <http://kingcounty.hmis.cc/participating-agencies/>

BY SIGNING THIS FORM, I AUTHORIZE King County and Bitfocus to share HMIS information with Partner Agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, birthday, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- King County, Bitfocus and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.
- If I have questions about my privacy rights, my HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at (206) 444-4001 x2.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 7 years from my last HMIS recorded activity.

- I may revoke this Consent earlier at any time in writing to:
 Bitfocus, Inc.
 ATTN: King County HMIS
 548 Market St #60866
 San Francisco, CA 94104-5401
- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, The Department of Health and Human Services, and The Washington State Department of Commerce. I understand that the list of auditors and funders may change over time.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information will be combined with other information from the Washington State Department of Social and Health Services (DSHS) to help evaluate the quality of social services.
- My HMIS information may be used for research; however, my identity will remain private.

Important: Personal information is not entered in HMIS for people who are 1) receiving services from domestic violence agencies; 2) fleeing or in danger from domestic violence, dating violence, sexual assault or stalking situation; or 3) have revealed information about being HIV positive or having AIDS. If one of these situations applies to you, **DO NOT** agree to have your personal identifying information collected.

SIGNATURE:

 Signature of Patient/Client or Representative:

 Date

 PRINTED NAME

<i>For Agency Use Only:</i>	
<i>Client Opted Out (Refused Consent)</i> _____	<i>(Staff/Agency Initials)</i>
_____ <i>Witness Staff & Agency)</i>	_____ <i>Date</i>



Notice of Confidentiality and Release of Records

Confidentiality and Protection of Resident Information

According to federal and state law, all information in program participants' records such as the names of residents, their personal identifying information, and details of their abusive situation must be kept confidential. This information can be released only if the participant (or guardian) gives signed, informed consent as to exactly what information may be released and to whom it is to be released. This confidentiality extends to verbal conversations, telephone conversations and other written materials, which may identify a program participant by name or by description.

Releases of Information

Signed authorization must be obtained from residents to enable staff to disclose any information or to work with any other service providers for advocacy purposes. In LifeWire's CBH program, this authorization will take the form of a *Release of Information*. This release must be in writing, signed by the resident and must contain a reasonable time limit on the duration of the resident's authorization. If the *Release of Information* does not contain a date upon which the authorization to disclose information expires, the resident's authorization expires ninety (90) days after the date it was signed.

In accordance with WAC 388-61A-0330, all *Releases of Information* in LifeWire's programs will:

- Be voluntary
- Relate only to the participant or the participant's dependents
- Clearly describe the scope and any limitations of the information to be released
- Include an expiration date
- Inform the participant that consent can be withdrawn at any time, orally or in writing.

Legal exceptions to confidentiality

Releasing personal information to other agencies will be at the resident's discretion, unless a legal exception exists. One such exception is the mandatory reporting of child abuse or neglect to Children's Protective Services, as set forth in RCW 26.44, or the mandatory reporting to Adult Protective Services, as set forth in RCW 74.34, of abuse or neglect towards a vulnerable adult.

Occasionally, LifeWire is subpoenaed for records in regard to program participant's court proceedings. LifeWire's subpoena policy is applies to all of LifeWire's programs, and is an addendum to this document.



Since you have chosen to participate in LifeWire's services, we want give you some important information related to records we keep, how we can support you through legal systems, and how you can report any grievance you may have about LifeWire's service.

- A. You have the right to inspect your file under the supervision of a LifeWire staff member, although you may not copy the contents of the file.

- B. The information you share with LifeWire is not intended to serve as documentation for your legal case(s). LifeWire does not provide legal services or advice; we may be able to perform the following services:
 - Assist you in understanding the legal system
 - When possible, accompany you to the appropriate court proceedings
 - Assist you in obtaining help from other community services
 - Provide you with appropriate referral information

- C. If you have a grievance with LifeWire, you may communicate that concern to a staff member and follow the grievance procedure that follows:
 - If you feel LifeWire has treated you improperly or unfairly, and you cannot resolve the concerns with your LifeWire advocate and the Services Manager, you may ask to speak with the Services Director.
 - The Services Director will respond verbally to the complaint, document the complaint and the response, place the response in an envelope in your file and notify the Executive Director of the complaint.
 - If you are not satisfied with the Services Director's verbal response, you may submit a written concern/complaint to LifeWire's Executive Director. If that is not possible, you may submit your written statement to the Deputy Director, who will submit it to the Executive Director.
 - The Executive Director will review the statement and respond to you in writing as soon as possible but no later than seven days from the date when the Executive Director received your written complaint. The Executive Director's decision is final.

Please know that we take concerns seriously, and we typically review written complaints with LifeWire's Board President or other members of the Board's Executive Committee.

Confidentiality *Basic Guidelines*

Please speak with the advocates if you have any questions or concerns regarding confidentiality. We are here to help you plan how to keep you and your family safe. These guidelines are in place to assist in keeping MFP as confidential and safe as possible.

Do not share the general location of MFP

Including:

- the address
- the city we are in
- the cities we are around
- the cities we frequent regularly
- locations we go to regularly (THS, Daycare, Park & Rides, etc.)
- mentioning LifeWire or MFP in general

You can say:

- You are in a treatment program
- You are in a transitional living program

Please do not share any information about others in the program

Including:

- names of current/past residents, children, or staff
- any information about residents, children, or staff

Do not make arrangements to meet family/friends where other residents or staff will be present

If you make plans to visit family or friends, please follow these guidelines:

- family/friends **should not** drop you off at the house or anywhere around the house
- family/friends **should not** drop you off at the park & ride
(speak to an advocate to find out where family/friends can drop you off)
- family/friends should not know what our van looks like

Other basics of confidentiality:

Do not communicate the transportation or emergency phone numbers to family/friends. However, you can give the **transportation number** to your providers (CPS, PCAP, etc) if they need to reach an advocate and we have signed a Release of Information (ROI) to speak with them. Staff are the only ones who can pass out the address of MFP to your providers. Please discuss confidentiality with your children; staff are happy to assist you with this



Program Agreement

This Program Agreement is made by and between My Friend’s Place Transitional Housing, a LifeWire Program ("MFP") and _____ ("Program Participant").

This is an occupancy agreement allowing Program Participant to temporarily reside at MFP as part of participation in the program. **This is not a residential lease.** As a condition of being allowed to live at MFP, Program Participant agrees to the following terms and conditions:

I have been given a copy of, and agree to abide by, the MFP Program Guidelines which are attached to this agreement;

1. I agree that my occupancy at MFP is incidental to the services provided by LifeWire to assist me. My occupancy is conditioned on continued compliance with the MFP Program Guidelines. This Program Agreement shall not, under any circumstance, be construed as creating a rental agreement.

2. I agree that this Program Agreement will be re-evaluated on a monthly basis. If I no longer need or require MFP services, I may leave MFP at any time without any minimum notice.

3. I agree that if I am terminated from the Program that I must vacate the premises in five (5) days. I understand I may be subject to legal proceedings if I do not comply.

My Friend’s Place Transitional Housing

Date

Program Participant

Date

Printed Name _____



- LifeWire Advocates:
 - Available, Monday-Friday: 7am-6pm. Sat-Sun: 9am-5pm.
- After-Hours Procedures:
 - If it is an immediate crisis, please call 911.
 - If you'd like to speak to our helpline advocate, please call 425-746-1940.
 - Please see the flyer on your door for more information. There is also a flyer on the advocate's door.
- Program Fees:
 - There are no program fees during your stay at MFP.
 - It is the responsibility of program participants to supply their own food, personal hygiene products, and other basic necessities.
 - LifeWire does a monthly shopping run to purchase food for both houses.
 - Food Lifeline is delivered to MFP2 every Wednesday around 11am.
 - Hopelink is also available to deliver food bags to MFP from their food bank. Please speak to your advocate if you'd like to sign up for these services.
 - If you are needing extra assistance supplementing the above items, please speak to your advocate to see how LifeWire can support you in meeting those needs.
- Program Requirements:
 - Up to date Verification of Income is required every three months. This is requirement set by our program funders.
 - Monthly Program Guidelines meeting with your advocate.
- Therapeutic Health Services Partnership (THS)
 - LifeWire has a direct partnership with THS to provide chemical dependency support.
 - A chemical dependency counselor (Shannon) is on-site Mon, Tues, and Thurs.
 - Shannon is available to meet with you 1:1 (appointment-based) and facilitates chemical dependency support groups.
- Prescribed and Over-the-counter Medications:
 - All adults are responsible for their family's prescribed medications.
 - If you would like any medication to be stored in our cabinets, please speak to your advocate.
 - If you are prescribed Methadone, we will store it in your private lockbox in our locked cabinets.
 - MFP Dosing Hours: Mon-Sun, anytime from when staff arrives to 1pm. We cannot dose after 1pm due to THS protocols.

- Confidentiality:
 - We ask that you do not disclose any identifying information to anyone outside the program, including family members. This includes: houses, agency vehicles, typical routes, agency name, program specifics, etc.
 - If a family member or friend is picking you up, please arrangement for them to pick you up at the 7/11 on Eastlake Sammamish Pkway, or the Bear Creek Park and Ride.
 - Do not share any information about other program participants.
 - If confidentiality is compromised, we may need to help you find a safer location.
 - We welcome any other social services providers to MFP. Please speak to your advocate about this before releasing address of MFP, as they do need to sign a confidentiality agreement form.
- Verbal & Physical Violence:
 - Violence and violent threats/behaviors are not permitted at MFP.
 - Advocates are available to help problem-solve any conflicts you may have with other program participants. Please speak directly to any advocate that is available.
 - LifeWire asks all program participants to respect one another. Any discriminatory actions toward program participants (and the protectant categories listed below according to the Fair Housing Rights) will not be tolerated, and could result in exiting from the program.
 - Protected categories include:
 - Race, color, national origin, ancestry, disability and use of a service animal, gender, parental status, marital status, religion, participation in Section 8 voucher program or other similar government housing subsidy programs, sexual orientation (includes gender identity) and age.
 - If you have any discriminatory concerns, please file a grievance complaint with our Services Director.
- Weapons:
 - MFP is a weapon free zone.
 - If you have a weapon, we have a lockbox where you can store it for safety purposes.
- Mail
 - Due to the confidentiality of the program, LifeWire has a private PO Box for program participants.
 - Please make sure the mail has your name on it.
 - Address: PO Box 7401, Bellevue, WA 98008.
- Cigarettes and Drugs on site:
 - MFP is a drug free zone, including Marijuana and alcohol.
 - If drugs are used in either of the MFP houses, we may have to find another location that is safer, and will offer more supportive services to your sobriety.
 - Smoking is only permitted at designated areas at MFP.
 - No smoking indoors.

- Common Areas:
 - Each family is assigned their food storage space. This includes the refrigerator and cabinets in the kitchen.
 - Please don't eat other participants' food unless you've made an arrangement with that adult.
 - Please keep living room, shared bathrooms, kitchens, and laundry rooms clean.
- School and Childcare:
 - As a part of the McKinney Vento Act, the school district transportation department can set up transportation for your child to commute from the school of origin to MFP if you decide you don't want your child to change schools.
 - Your advocate can assist you in finding childcare resources for your child if needed.
 - Babysitting arrangements for your child can be made with other adults in the program. Please notify a staff member of this arrangement.
 - Please do leave your children unsupervised, regardless of their age. Once childcare arrangements have been made if you do need to leave your child with an adult, please notify staff.