



Acceptance, Expectations, and Termination Policies

ACCEPTANCE - In order to be considered for the program, a woman:

- MUST meet the definition of homeless as defined by HUD.
- MUST have approved documentation of homelessness prior to, or upon, moving in.
- CANNOT have the resources to live independently. - MUST meet Plumb Place intake criteria.

EXPECTATIONS - Once a woman is accepted into the program, she:

- IS EXPECTED TO not jeopardize the peace and safety of other occupants.
- IS EXPECTED TO abide by the Plumb Place Occupant Handbook and rules as written.
- IS EXPECTED TO follow staff directives, utilize the resource center, and work toward goals established in case management.

TERMINATION - Termination from the program can occur upon any of the following:

- Repeated failure to follow Occupant Handbook / noncompliance with handbook rules.
- Behavior that jeopardizes the peace and safety of other Occupants/house.

IF you feel your program participation has been unjustly terminated, you may write a letter of appeal to the Executive director and/or Board of Directors for consideration of reinstatement.

*The above list is not all inclusive and Plumb Place staff and/or Board of Directors reserves the right to make decisions on a case-by-case basis.

* Federal Fair Housing Regulations: Services are provided to participants without regard to race, color, national origin, sex, gender, religion, disability, familial status, age or sexual orientation.

Plumb Place complies with low-barrier shelter requirements meaning we accept people as they are, without strict sobriety requirements to provide a safe, warm place of shelter for those who may have no other option.

This page is for you to keep

Name _____ DOB _____ County (if other than Lyon) _____ Race/Ethnicity _____ Social Security # _____

IMPORTANT- WE NEED TO BE ABLE TO REACH YOU!!

Contact Phone # _____ Contact name if other than you _____

Are you safe in your current living situation? ___ Y ___ N

Are you a veteran? ___ Y ___ N

Outside/Park/Campground	Motel paid by agency. How many days?
Shed/garage/outbuilding	Hospital or treatment center. How long?
Vehicle	Jail/prison/detention. How long?
Emergency or DV shelter	If you stayed in one of the above, where did you live prior?

Own apartment/house/trailer
With Family member/friend
Motel paid by self, family, friend
Other:

If you are currently housed, what is the reason you cannot stay in your current housing situation?

Late rent	1
3 Day notice/court eviction	3
Problems with landlord Explain:	1
Domestic Violence	10
Overcrowding	4
Other:	

How long can you stay in your current housing situation?

Can no longer stay there. Explain why below
2-7 days
1-3 days
Indefinite/unknown

Y	Do you have documentation supporting the reason you can no longer stay in your current housing situation?
N	

Have you ever lived at Plumb Place before? ___ Y ___ N Why did you leave?

Do you have a disability? Y/N Please list below.

PRIOR LIVING

Please list your four most recent addresses and dates of residency:

	<u>Address</u>	<u>City</u>	<u>State</u>	<u>From</u>	<u>To</u>
1.					
2.					
3.					
4.					

Do you have any medical conditions we need to be aware of? ___ N ___ Y:

Are you a veteran? ___ Y ___ N If Yes, do you have documentation? ___ Y ___ N

Are you pregnant? ___ N ___ Y

If you cannot stay at Plumb Place, what are your plans? _____

Do you have a source of monthly income?

Source	Amount (monthly)
Employment	
Unemployment	
Child Support	
SSI/SSDI	
General Assistance	
Retirement	
Veterans Benefits	
Other	

Please list any therapists, case managers, or others who are providing services to you. EX: DCF, Court Services, Social Security Attorney's, SOS, etc.

Agency	Name	Address	Phone

What do you consider to be your top three goals to accomplish in the next year?

In case of Emergency, who can we contact?

Name

Name

Phone

Phone

IMPORTANT: The people listed under Social Services may be contacted concerning residency in a shared living environment. NO questions regarding professional services will be asked without a release of information. If accepted, you will be required to provide a copy of your most recent pay stub or other written verification of income or eviction. Plumb Place is required by law or by organizations that give us money to operate programming to collect personal data to be used for understanding the needs of homeless persons. We only collect information that is considered to be appropriate for this purpose.

Signature

Date

PP Representative

Date

For office use:

Total Points _____

Is there a current waiting list? _____ If yes, what order is this information form? _____