

The Harbor
P.O. Box 1456
Miami, OK 74355

Form (201 A)
The Harbor Application
Pre-Admission Form:
Fitting Back In

Date of Application ___/___/___ Date of Harbor Admission ___/___/___ HMIS # _____
HMIS entry date _____

Client's Personal Information

Client's Name (First) _____ (MI) _____ (Last) _____
SSN# _____ DOB ___/___/___ Gender _____
Cell# _____ Email _____ Bed# _____
Primary Race _____ Secondary Race _____
Ethnicity _____ Are you a natural disaster evacuee _____
Primary language _____ Marital Status _____
City of Birth _____ State of Birth _____ Country of Birth _____
Previous address _____ City _____ State _____ Zip _____

Family Members Information

(Name of Spouse and Children)	(DOB)	(SSN#)
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

Emergency Contact _____ Emergency contact Phone _____
US Citizen _____ Height _____ Weight _____ Hair Color _____
Tattoos or identifiable markings _____
Do you have a valid driver's license (Yes) or (No) # _____ Current State ID _____
What State _____ State ID # _____ Green Card # _____

Drug and Alcohol Assessment

Have you used alcohol or drugs in the last 12 months? _____ What? _____
Can you pass a U.A. drug test at this time? _____ Why not? _____
Are you currently attending AA or NA classes? Yes _____ or No _____
Have you ever been in a Drug or Alcohol treatment facility? Yes _____ or No _____
If yes, what facility _____ Date _____
Facility: _____ Date _____

Physical and Mental Health Assessment

I am allergic to the following medications or food: _____
Physician name and phone: _____ Phone# _____
Date of last physical: _____
Are you being treated for any medical conditions at this time? _____
Have you ever been admitted to a mental health facility? Yes or No _____ Date _____
If so, Explain? _____
Please list *All* medications: _____
What was the Doctors Diagnosis for any Mental Health or Physical condition? (Please list all).
Condition: _____ Date of diagnosis: _____
Condition: _____ Date of diagnosis: _____

Criminal Background Information

Have you ever spent time in jail or prison? Yes ___ or No ___ If yes, which facility? _____
Doc# _____;

Occurrence _____ Date _____
Occurrence _____ Date _____

Are you currently on probation or parole? Yes ___ or No ___
Probation: Sentence _____ Length: _____
Parole Officer's Name _____ Phone # _____
Parole Stipulations: _____

Domestic Violence Victim? Yes ___ or No ___ If yes Date of most recent occurrence? _____
Describe the situation _____

Education

What is the highest level of education completed? _____ Name of High School _____
Graduate Yes ___ or No ___ Year _____
College: _____ Year _____ Graduate Yes ___ or No ___
List Degree or area of study _____
Vocational or Technical Training Name of school: _____ Year _____
Graduate Yes ___ or No ___ Degree or Certificate _____
Would you be interested in furthering your education? _____
Do you have a copy of your diploma or GED? Yes ___ or No ___

Employment History

Are you currently employed? _____ Current employer _____
Address _____ Phone _____
Hours worked last week _____ Previous employer Name _____
Address _____
Previous employer phone _____

Needs & Services (To be filled out by staff) check boxes that apply

___ Food Stamps ___ Clothing Voucher ___ Meals ___ Shelter
___ Laundry ___ Employment ___ Mental health evaluation (Referral)
___ Transportation (If transportation only- list destination) ___ Milage ___
___ Case Mgmt. ___ Basic Needs ___ Substance Abuse Services ___ Health Care
___ D.L. ___ Birth Cert. ___ S.S. Card ___ OK State ID ___ Probation and Parole
___ AA ___ NA Other (Please list) _____

Referrals: (To be filled out by staff) check boxes that apply

___ Grand Lake Mental Health ___ Ministerial Alliance ___ Community Action
___ AA/NA ___ DHS ___ Tribal Services - Tribe Affiliation _____
___ Boys and Girls Club (ID) ___ Tag Agency ___ Social Security Office ___ Free Clinic
___ Friendship House ___ Resale Shop ___ American Red Cross
___ Salvation Army ___ Miami Housing Authority ___ Veteran's Administration
___ Drug and Alcohol Treatment: where _____ ex. FFACT/ark or NOCA
___ Shelter Referrals: name of facility: _____
___ Workforce ___ PenMac ___ Express Personnel ___ Tyson

Food Stamps Yes or No

If yes what date did they start _____ and end _____

Amount of Food stamps monthly _____

Homeless situation Are you a natural disaster evacuee? Yes or No

Are you Homeless? YES or NO (Circle one) 1st time homeless _____ 2nd time _____ 3rd time _____

How many times homeless in the last 3 years _____

How long have you been homeless? _____

Where have you been staying? _____

Veteran Yes or No Year of Service - Start date _____ Discharge Date _____

If yes what branch _____

Discharge Type? _____

Military Disability? Yes or No If Yes please explain _____

Are you currently receiving veteran services? Yes or No If yes please explain Services _____

Disability Yes or No If yes Date of Disability determination _____

If yes - list all conditions _____

Amount received monthly and what sources? (SSI, SSD, etc.)

\$ Amount _____ Source _____ \$Amount _____ Source _____

\$Amount _____ Source _____ \$Amount _____ Source _____

Is this condition long-term? Yes or No If in progress date filed _____

Employment Start Date _____ Full Time or Part Time _____
(Circle One) (Hours/Week)

Employer Name _____ Address _____

Phone Number _____ Amount Monthly _____ Amt. per hour _____

Income last 30 days _____ List all sources of income _____

Have you been institutionalized before the age of 18 years? Yes or No

Form (201-C)

Contract Agreement

I, _____ agree to follow the rules and condition as stated by The Harbor. I understand my temporary residency is contingent upon fulfilling each requirement consistently with a visibly acceptable attitude. I understand the program goal is for me to establish independent living.

- I will furnish "The Harbor" with the appropriate medical documentation when my physical or mental condition does not allow me to seek steady employment.
- I will furnish the Harbor with a picture ID and Social Security card or SS number.
- I will contribute three-fourths of my food stamps towards food for preparation of meals; this is not to include carbonated beverages, such as soda, etc.
- I will sign a release of confidentiality to allow "The Harbor" program director or case manager to report and/or receive pertinent information from professional services; such as DHS, Social Security Administration, etc. for case management purposes.
- I will furnish "The Harbor" with a complete income report of all funds that I receive from any source while residing at this facility.
- I will agree to complete a budget, which includes; fines, court cost, child support, parole and/or probation costs.
- I will agree to donate 20% of all income towards my room and board. I will present proof of my income such as a check stub.
- I will agree to save 20% of my income in a personal savings account.
- I will acquire a legal government ID in order to qualify for employment in Oklahoma while residing at this facility.
- I will take full responsibility for, and accompany my minor child/children at all times, inside and outside the facility.
- I will not develop or have a relationship with any male or female resident while I reside at "The Harbor".
- I will agree to keep a reasonable distance (arm's length) between the opposite sex and myself.
- I will have my chores completed by Saturday evening.
- I will have the lights out, doors locked and in the dorm by 10:30 pm, (Friday nights 11:30 pm) doors are opened for residents who are employed during the evening hours. Authorization will be given by the Program Director.
- I will agree to attend ALL required meetings and acknowledge The Code of Conduct and the House Rules.
- I will acknowledge ANY additional directives given to me by the Program Director or staff.
- I will bathe daily.
- I will sleep in appropriate clothing for bedtime. (No nudity in the dorm or changing of clothes in the dorm, it must be done in the bathrooms only.)
- I will sign a release that includes names of individuals that can receive property that I have left at the facility.
- I agree that any personal items left at the facility for more than seven day after my departure will be donated.
- I agree to attend 5 group meetings a week while residing at the Harbor.
- I will not gamble at any gaming facility during my stay at the Harbor.
- All Prescription drugs must be noted on the application and no form of narcotic prescriptions are allowed at the facility. If you are unsure about you RX we can verify with the Pharmacist.
- I will turn off my cell phone at 10:30pm (that includes no texting after lights out.)
- Residents shall keep their beds made and areas clean.
- Resident shall keep the emergency exits clean and clear of all obstructions.
- If you go on pass and do not return on the return date of your pass -- You will be discharged.
- If residing as a family in a family or transitional room a marriage cert. must be on file in the office.

Residents Signature _____

Date _____

Form (201-B)
The Harbor
Basic Code of Conduct Rules

1. Any violation of the Basic Code of Conduct Rules can result in immediate dismissal
2. Show respect to others and their property.
3. Accept responsibility for self.
4. Use of profanity is prohibited and may result in dismissal.
5. Violence or threats of violence will result in immediate dismissal.
6. Relationships of an intimate nature, including physical are not allowed. I will agree to keep a reasonable distance (arm's length) between the opposite sex and myself.
7. The use of and/or possession of non-prescription drugs and/or alcohol, including drug paraphernalia will result in immediate dismissal.
8. Local, state, and federal laws must be obeyed.
9. Possessions of weapons are prohibited.
10. Residents must comply with the established "Daily Living Guide."
11. Narcotic Prescription drugs are not allowed.

The Harbor
Basic House Rules

1. Sign in and out EVERYTIME you leave and return to the facility.
2. Complete house duties and daily chores as assigned.
3. Smoking allowed in designated areas only. Resident cannot exit the building to smoke after curfew.
4. Lights must be out, with doors locked at 10:30pm. Do not open doors for no-one other than working residents, staff, or police after hours.
5. Pornography and "R" movies are prohibited.
6. Bathe daily and maintain good hygiene.
7. Resident's use of washing machines is limited to three loads weekly. (Wash bedding linens weekly).
8. Food and drink are only allowed in cafeteria only.
9. Food cannot be removed from facility (except for sack lunches for work).
10. Residents must apply for passes at least 48 hours in advance and must adhere to pass guidelines before passes are granted.
11. If needed, residents will be supplied with hygiene products and laundry detergent (for three loads weekly) until they are employed or have a source of income.
12. Residents will be out of dorm by 8:00 am on weekdays and 9:00am weekends. Dorm will be off limits from 8-4pm week days and 9-4 weekends. (Excluding those working night shift). Please be courteous and leave the dorm quietly.
13. Three write-ups in 30 days will result in dismissal. (30 days from date of write-up the write-up will be dropped off).
14. Phone Calls: Between 9-5pm ask staff – Front lobby phone – Must be kept in lobby – Short phone calls only – After 5:00pm ask case manager.
15. TV: Weekdays the TV hours are from 4 pm until curfew. Weekends and holidays, TV hours are from 9 am to curfew.
16. Must have some sort of ID for the safety of the residents.
17. Residents must be able to care for themselves in order to live at the Harbor.
18. I am not allowed to have visitors on the premises without permission.
19. All residents will be given personal hygiene items if needed and other items that need to be returned upon exit such as: 2 towels, washcloth, sheet set, pillow, bedspread, and Laundry basket.

Daily Living Guide

1. Must attend 5 hrs of group per week. (Meeting verification form must be signed).
 - Evening groups held by I.E.: Monday night harbor meeting, bible studies, or any classes offered by the harbor
 - Faith based gatherings such as, church services or seminars, Monday night mandatory meetings
 - Community held "self help" groups – such as, AA or NA
2. Must be willing to complete 3 hrs of community service hrs per week
3. Minimum pass is 24 hrs and maximum pass is 48 hrs. (Based on case mgmt. approval)
4. Chores must be completed as assigned before leaving on pass
5. Must be actively seeking employment. If disabled: proof of disability must be on file in the office.
6. Must be a resident for 2 weeks before given a pass
7. Must be in compliance with "Contract Agreement", have no active write-ups
8. Must be in compliance with all of the above for a pass to be given

Form (201-D)

Releases

Alcohol/Drug Testing

I hereby agree that I am willing to and will submit to breathe analysis and/or will give a urine sample upon request of a staff member and will submit to a search of my person and my property for the same reason at staff request.

Date _____ Client _____ Staff _____

Responsibility

I hereby agree that "The Harbor" program and its staff members are not responsible for any property or monies in my possession or in the living area I occupy, which are lost, stolen, or damaged. I understand that any items that are left by me when I leave "The Harbor" will be given to needy clients or charity, if not picked up in seven days.

Date _____ Client _____ Staff _____

Transitional Program Contract

I authorize "The Harbor" to contact me for information during the transitional phase of my program. The purpose of these contacts is to evaluate and assess the structure of the program. The contact will be in the form of a questioner with a self-addressed envelope to be returned. This information will not be released to any other person or agency except as a part of statistical reports.

Date _____ Client _____ Staff _____

Transportation

I hereby release "The Harbor" program and any staff member, from responsibility when I am being transported in the agency van or staff private vehicles, as I will be the recipient of services rendered upon my request.

Date _____ Client _____ Staff _____

Form (201-F)

Property Release Form

I agree that all property that is not removed from The Harbor facility within seven days after my departure from said facility shall be donated to organizations as deemed appropriate by The Harbor Director.

I agree that the person or persons listed below have my permission to remove my property from The Harbor Facility.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Resident's Name (Print) _____

Resident's Signature _____

Date ____/____/____

Form (201-G)

The Harbor

Miami, Oklahoma

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, authorize The Harbor Director or Case Manager to obtain information from appropriate agencies of the State of Oklahoma relating to my application, programs, and assistance during my stay at the Harbor facility. This authorization permits the release of information that may be confidential.

This authorization is given to obtain and/or provide assistance I need as a result of my homelessness or potential homelessness. This includes: Veterans Administration, Social Security, the Department of Human Services, mental health and health records and any information that may be needed to further assist the case manager in relation to the resident.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from The Harbor. However, without my permission, staff may be unable to obtain needed services from other agencies.

I understand that it is my choice to sign this Release

Name (Printed) _____ Date ____/____/____

Signature _____

Phone Number (____) - ____ - _____

HMIS Data Privacy Notice & Consent

We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many social service agencies use this computer system.

Why?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Auditors or funders who have legal rights to review the work of this agency.
- People using HMIS information to write reports. Your private information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others.
- Others when we are required by law, including officials with a valid subpoena, warrant, or court order. We will not release your data for any other use unless you permit us, in writing.

Your Rights

- If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker. This agency will not refuse to help you for denying this.
- You have the right to a copy of the HMIS information about you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to correct mistakes in HMIS information about you.

If you think this agency or HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to United Way of Ponca City, HMIS Grievance, 205 North Second Street, Ponca City, OK 74601.

Signed Consent

Each adult and unaccompanied youth must sign for him or herself. A parent/guardian should sign for children under 18.

For:

Print First and Last Name – use back of page for children's names & birth dates

Date of birth

My signature shows that I permit you to enter my personal information into HMIS. (You do not have to sign this form to receive services from this agency.)

SIGNATURE OF CLIENT OR GUARDIAN

DATE

Signature of witness

Date

The Harbor
Homeless Verification Letter

_____ was homeless on _____
(Name) **(Date)**

Due to _____
(Describe Homeless situation)

Signed _____

Witness _____

Date _____