

INTAKE INFORMATION SUBMITTED FOR ADMISSION TO MAMA T'S B & B and AUTHORIZATION FOR BACKGROUND CHECK



Information submitted to:

Registrar's Name

Name:

Names and ages of any minors who will be staying in the Shelter with you:
You must be a parent or guardian of the children.

Phone Number if you have one:

Emergency Name:

Contact Number:

Date of Birth:

Driver's License Number or other Form of Identification:

**If you have no ID & are approved to stay at the shelter, we will provide an ID for you*
Approved?

Vehicle Description:

Make

Model

Year

Tag Number:

Driver's License Number:

Tribal Affiliation, if Any:

Do you have a membership card?

**If so, a picture will be taken.*

Are you a Veteran?

If yes, in which branch did you serve?

*Do you have a military ID card?

**If so, a picture will be taken of your card.*

Current Employer, if Any:

Length of Time You Have been Present in Ada, Pontotoc County:

Year(s)

Month(s)

How many times have you been homeless?

Where did you sleep last night?

If none of these was selected, please explain:



Please check all that pertain to you:

I am able to work but currently unemployed.

I am employed and I am willing to place a percentage of my money in savings & to show proof to the Executive Director of my periodic savings.

I am currently disabled.

I have applied for benefits because I am disabled.

I currently receive benefits because I am disabled and I am willing to place a percentage of my money in savings and to regularly show evidence of the savings balance to my Case Manager/Executor Director.

If you are not willing to save money and to show proof to the Executive Director of my periodic savings, please indicate why you are not willing to do so. Please take into account that refusing to do so without a good reason is grounds for denying you admittance to the shelter. Whether the reason is acceptable is in the discretion of the Executive Director.

What do you believe has caused you to be homeless?

Were you referred to Mama T's by an agency? If so, which one?

Do you have any medical conditions that might require emergency care during your overnight stays here? Please list those conditions below (or if you need additional room to explain, please continue on the blank lines at the end of this form).



Do you have any medical conditions that might be contagious? If yes, please explain.
Depending on your answer, you may be asked to wear an isolation mask which we will provide.

No

Yes

Are you on any prescribed medications? If yes, list the medications and the conditions for which prescribed:

No

Yes

You will be required to show the prescription bottle to the Night Supervisor who admits you to the shelter. Any bag you bring with you will be searched. Any drugs, other than what you have listed here, will be confiscated.

Guest's Signature Verifying Information & Authorizing a Background Check:

**If the guest cannot sign his or her name, please have them make an "X" and witness the same by your signature below:*

WITNESS:

Name: _____

Address: _____

*The background checks are to help ensure the safety of all persons in the shelter. Background checks are required of all prospective guests. All information will be kept confidential. Please indicate whether you have any convictions originating outside the State of Oklahoma for violent or sexual offenses. Yes No If yes, provide the details and the dates: