

TAY Contact Information:

Name: _____ Date of Birth: _____ Age: _____

Veteran Status: _____ Gender Identity: _____

Phone: _____ Race/Nationality: _____

SSN: _____ Primary Language: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Medical Information:

Mental Health: _____

Substance Use: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Health Insurance Provider _____ Counselor/Therapist _____

Release Authorization

I, the undersigned authorized this form to be used and released to first responders and emergency medical personnel as well as give consent to contact any of the above in the event of an emergency.

TAY Signature: _____

Date: _____

PROGRAM RULES AND GUIDELINES

The following behaviors/actions if violated will lead to an immediate termination of shelter services and possible future suspension from re-entry into services because they create an unsafe environment:

- I will demonstrate respectful and non-violent behavior toward all participants, staff, and volunteers. I understand that **violence, threats, harassment (including sexual harassment), and sexual activity between participants are not allowed**. I will not use hateful, discriminatory, or derogatory language towards anyone. I understand that creating a hostile or unsafe environment through language is not permitted.
- I agree to help maintain a safe and sober environment. **Drugs, alcohol, and drug paraphernalia are not permitted.**
- **I understand that weapons of any kind are not allowed.**
- I will comply with all public health orders and medical directives related to communicable diseases (including but not limited to COVID-19, Tuberculosis, Mpox, MRSA, Hepatitis, and Scabies). I understand that failure to comply may result in removal from the program to protect community health.
- I understand that stealing, damaging, or vandalizing property (whether program property or another participant's belongings) is not allowed and may result in immediate removal.
- I understand that staff may conduct random inspections of my room and belongings to ensure the safety and well-being of the community.
- I will respect community safety by not loitering in or around the neighboring developments on Ascot. I understand that trespassing or loitering on **neighboring properties, including but not limited to parking lots, yards, and community areas (such as pools, gyms, or clubhouses), is not permitted**. This includes smoking, vaping, using drugs or alcohol, playing loud music, or otherwise disturbing neighbors. I will respect the property, privacy, and peace of the surrounding community at all times.

The following behaviors or actions if violated may result in progressive disciplinary action leading up to and including termination of shelter services:

- I agree to meet with program staff as outlined in my case plan so we can work together toward my personal goals.
- I agree to check the chore sheet regularly and complete my assigned chores. Staff will conduct daily room checks at 10:00 AM to support a clean, safe, and healthy living space.
- I understand that Urban Street Angels encourages all participants to work toward **full-time productivity**. This is defined as 32 hours per week of employment, education, or job training (or a combination).
- I understand that for safety and privacy reasons, **guests are not permitted on the premises at any time**.
- I respect personal boundaries by not entering rooms that are not assigned to me and by not allowing others into my room unless they are my assigned roommate.
- I understand that **smoking, vaping, or use of tobacco products is not allowed inside the building**. I will use designated outdoor smoking areas for cigarettes ONLY.
- I will not use candles, incense, oil diffusers, wax burners, fuels, or other flammable items in my room or on property to help ensure fire safety.