



ATLANTA MISSION
Ending Homelessness.

The Shepherd's Inn
Attention Intake Coordinator
156 Mills Street, Atlanta, GA 30313
Phone: (404) 588-4015 Fax: (404) 525-8074
www.atlantamission.org

SHELTER INTAKE APPLICATION

Thank you for taking this important step towards your future and the life God has planned for you. We are honored to have the opportunity to serve you. Atlanta Mission, established in 1938, is a program-based ministry committed to transforming, through Christ, the lives of those facing homelessness. Atlanta Mission programs and facilities are designed to create environments that nurture healthy relationships with God, self and others.

Located in the heart of Atlanta, The Shepherd's Inn (TSI) is a 330 bed facility that provides emergency shelter services to homeless men. Men have the opportunity, through various programs such as Job Attainment, to transition from homelessness to independent living. We also reach out to the larger homeless community by offering a daily meal to men, women and children in need. In order to assist you in the admissions process, we have provided the steps to take to be considered, the requirements for admission, and a list of what you can bring.

Steps to take:

- Candidates are responsible for asking all questions of concern at the time of intake.
- Please sign and date this application below.
- Candidates are accepted for admission once there has been a face to face interview with an intake counselor.

Requirements for Admission: Candidates for admission must:

- Be homeless men over the age of eighteen.
- Agree to abide by all guidelines, fully participate in all program activities, and refrain from any inappropriate activity.
- Be coherent and detoxified with at least seventy-two hours since their last use of alcohol or drugs.
- Be mentally and physically able to exercise proper personal hygiene and self-care, perform task assignments, and participate in all program functions within a non-medical, non-psychiatric facility.

What Clients May Have: Clients are allowed to have but may not exceed the following: 5 pair of pants, 5 shirts, 2 pair of shoes, 1 coat, 1 sweater, 5 pair underwear, 2 pair long underwear, 5 pair of socks, and personal hygiene items that do not contain alcohol. No CD or tape players, phones, paging devices, facial jewelry, or non-approved medication is allowed. Excess items will not be stored.

We believe that the deepest need of anyone is a relationship with Christ, and we celebrate your step of courageous faith. Please print your name and sign below once you have read and understand this application.

Signature _____ Date _____

Print Name _____

ATLANTA MISSION

APPLICATION FOR ADMISSION

Section 1:

Name: _____ DOB: _____ Age: _____ Social Security Number: _____

Current Address: _____

Street

City

State

Zip Code

Phone # _____ Can we leave a message for you at this number? _____

If unable to receive phone calls, who is a contact person that we can speak with?

Name _____ Phone # _____

Who referred you to our program: _____ Have you ever been in an AUM program before? _____

If so, how many times? _____ Which AUM facilities? _____

Are you currently homeless? _____ Do you need emergency shelter? _____

Reason(s) for wanting admission at this time? _____

Section 2:

Marital Status: Single _____ Married _____ Divorced _____ Widow _____ Separated _____

Are you required to pay Child Support? _____ Are your payments current? _____

For female applicants only:

Name of Child	Age/Birth Date	Relation	Will he/she live with you here?

Do any of your children have any physical, emotional, or behavioral problems? _____ If yes, explain:

Section 3:

INCOME HISTORY

Are you currently receiving income from any of the following sources:

Welfare _____ Food Stamp _____ Governmental Aid _____ SSI _____ Child Support _____ Other _____

If yes, what is the total monthly amount? _____

Occupation _____ Date of last employment: _____

Section 4:

ALCOHOL/DRUG ABUSE HISTORY

Please check all that apply:

Cocaine _____ Marijuana _____ Heroin _____ Alcohol _____ Nicotine _____ Prescription Drugs _____

Methamphetamine _____ Ecstasy _____ Other: _____

When was the last time you used? _____

TREATMENT HISTORY

How many treatment facilities have you attended? _____

How many treatment facilities have you completed? _____

Section 5:

MENTAL HEALTH

Have you been diagnosed with a mental health condition? _____ Were you hospitalized? _____

If so, diagnoses: _____ Were mental health medication(s) prescribed? _____

List medications: _____

Have you ever attempted suicide? _____ If so, when? _____

Section 6:

LEGAL HISTORY

Have you ever been arrested? _____ If so, how many times? _____

Criminal Convictions

Sentence Requirements

Are you on probation / parole / drug court / court mandated? _____ (please circle all that apply)

If yes, what are the names, addresses, and telephone numbers of your probation/parole officers?

Are you mandated to complete a recovery program? _____

Have you ever been convicted of a violent crime? _____ Are you a sex offender? _____

Have you ever been convicted of a crime involving children or the elderly? _____

Do you have any pending charges? _____ Date: _____

If yes, what are the charges? _____

Section 7:

EDUCATION

Highest grade level completed: _____ Did you graduate or do you have your G.E.D.? _____

List colleges or vocational schools attended and degrees obtained: _____

Section 8:

MEDICAL HISTORY

Date of last physical: _____ Are you currently under a physicians care? _____

Physician: _____ Phone #: _____ Address: _____

Will someone be financing your medical needs? _____ If yes, Name: _____ Phone#: _____

Have you ever had any of the following?

_____ Seizures _____ Heart Disease _____ Diabetes

_____ Vision Problems _____ Respiratory Problems _____ Venereal Disease

_____ Hepatitis _____ Hearing Problems _____ Tuberculosis

_____ Problems Standing or Lifting _____ High Blood Pressure _____ Back Injury

Have you ever been tested for HIV? _____ Tuberculosis? _____

What medications are you currently taking? _____

Section 9:

Atlanta Mission is not a medical or psychiatric facility. Therefore, prospective clients and their children must be medically, as well as psychiatrically cleared prior to admission. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective clients. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement in AUM Program Services. If, after admission, it is noted that the client is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, Atlanta Mission reserves the right to refer the client to another facility or back to the referring agency.

Signature _____ Date _____