



Referral/Intake Checklist

This checklist will help guide our team to make sure we are being consistent when we receive referrals from our community partners and start the intake process with families.

TCH Reference #: _____ (ex. 2023 09 15 A = YEAR|MONTH|DAY|UNIT)

Main Door Code: _____ Unit Front/Back Doors Code: _____

****Families should be given copies of all documents they have signed for their records.***

- _____ 72-Hour Emergency Agreement (Signed)
- _____ Initial Meeting w/ Family (DATE: _____)
- _____ TCH Information & Expectations (Signed)
- _____ Unit Contents Inventory (Signed)
- _____ Transitional Housing Application
 - _____ Household Member Information (Signed)
 - _____ Family Pet Profile (Signed)
 - _____ Questionnaire/Needs Assessment (Signed)
 - _____ Length-of-Stay Agreement (Signed)
- _____ Background Checks
- _____ Copies of Driver's Licenses, Registrations, Insurance Cards
- _____ Copies of most recent paystubs
- _____ Access to Storage Container granted
- _____ Weekly Check-In Reports (Signed by TCH Team Members Only)
(Please record Weekly Check-In dates & TCH Team initials on back of this document)
- _____ Length-of-Stay Agreement Extension (Signed)
- _____ End-of-Stay Notification (Signed)



72-Hour Emergency Agreement

This agreement allows the “named below” to receive emergency guest access to The Comfort House (TCH) for no more than 72 hours from the date/time signed below. During this 72-hour period the “named below” agrees to meet with our TCH Team to gain additional information and assess further support through The Comfort House. At the conclusion of this 72-hour period, the “named below” and all parties connected to, will either vacate the house/property or have signed a Transitional Housing Application w/ Length-of-Stay Agreement.

TCH Reference #: _____ (ex. 2023 09 15 A = YEAR|MONTH|DAY|UNIT)

Referring Organization (RO): _____

RO Representative Name & Position: _____

Head of Household (HoH) – Must be over 18-years-old.

Name: _____

Age/Gender: _____

Cell Phone Number: _____

Previous Address: _____

Household Members Name/Age/Gender (Other than HoH)

1. _____

2. _____

3. _____

4. _____

5. _____

Do you have any pets? YES ___ NO ___

Pet Information: _____

What is the reason for your displacement?

Other than housing, what are your family's most urgent needs?

Is any member of your household...

A convicted sex offender? YES ___ NO ___

A convicted felon? YES ___ NO ___

Struggling with substance abuse? YES ___ NO ___

Bringing a firearm into the house? YES ___ NO ___

Have you been provided a copy of "The Comfort House Information & Expectations" document and agree to abide by those expectations while a guest at The Comfort House?

YES ___ NO ___

Guest Families are solely responsible for any damage, loss, accident, or injury to person or property from the use of The Comfort House and release Mt. Comfort Church, Inc. of any liability.

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____

****Guest families of The Comfort House are not considered tenants; removal/end of stay will be at the sole discretion and discernment of Mt. Comfort Church, Inc.***



Transitional Housing Application Household Member Information

This application serves as an extension of the 72-hour Emergency Agreement. The information provided below will be added to the previous information collected to help us determine the best way The Comfort House (TCH) can serve our guest families, including length of stay.

TCH Reference #: _____

Assigned TCH Team Member(s): _____

If any section or line below doesn't apply, please just write "N/A"

This form is filled out for each member of the household.

Name: _____ Age/Gender: _____

Phone Number: _____ Call ___ Text ___

Email: _____

Previous Address: _____

Social Security Number: _____

The Comfort House conducts background checks on all guests 18-years-old or older...

- Do you consent to a background check? YES ___ NO ___ (initial _____)

Are you currently enrolled in school/childcare?

Name of School: _____

District: _____ Grade: _____

Do you have a driver's license? YES ___ NO ___

Driver's License # & State: _____

Vehicle Make/Model & License Plate #: _____

Auto Insurance, Company & Policy #: _____

(Please secure copies of driver's license, vehicle registration, & insurance card.)

Are you currently employed? YES ___ NO ___

Name of Employer: _____

Phone: _____

Address: _____

Date of Hire: _____ Supervisor: _____

Income from employment: _____ (weekly / monthly)

(Please secure copies of the most recent paystub.)

Do you have any medical concerns/needs?

Other notes related to this household member?

*Household Member Signature: _____ Date: _____

*Household Member Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____

*If minor, Head of Household should sign.



Transitional Housing Application

Family Pet Profile

This application serves as an extension of the 72-hour Emergency Agreement. The information provided below will be added to the previous information collected to help us determine the best way The Comfort House (TCH) can serve our guest families, including length of stay.

TCH Reference #: _____

Assigned TCH Team Member(s): _____

If any section or line below doesn't apply, please just write "N/A"

This form is filled out for each family pet.

Name of Pet: _____

Type of Pet: _____ Age/Gender: _____

Does your pet stay primarily inside or outside? _____ (ex: 30 inside/70 outside)

Is your pet spayed/neutered? YES ___ NO ___

Is your pet up-to-date on all shots? YES ___ NO ___

Veterinary Information: _____

Rate your pet's demeanor | Docile – 1 2 3 4 5 – Aggressive

Is there anything else we should know about your pet?

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____



Transitional Housing Application Questionnaire/Needs Assessment

This application serves as an extension of the 72-hour Emergency Agreement. The information provided below will be added to the previous information collected to help us determine the best way The Comfort House (TCH) can serve our guest families, including length of stay.

TCH Reference #: _____

Assigned TCH Team Member(s): _____

If any section or line below doesn't apply, please just write "N/A"

This "interview portion" of the application should be conducted with the Head of Household.

Describe how the family was displaced and any factors leading up to it.

Other than housing, what are the identified needs of this family?

What community agencies or social services could be helpful?

How long does the family anticipate staying at The Comfort House? _____

What are the 3-5 things the family needs in order to achieve their next permanent housing solution? ...and how can they be achieved?

1. _____

2. _____

3. _____

4. _____

5. _____

What other observations or information will help us best serve this family?

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____



Transitional Housing Application Length-of-Stay Agreement

This application serves as an extension of the 72-hour Emergency Agreement. The information provided below will be added to the previous information collected to help us determine the best way The Comfort House (TCH) can serve our guest families, including length of stay.

TCH Reference #: _____

Assigned TCH Team Member(s): _____

If any section or line below doesn't apply, please just write "N/A"

Head of Household Name: _____

Approved Length of Stay = _____

Start Date: _____ **End-of-Stay Date:** _____

Damage Deposit Weekly Calculation | \$500 / weeks of stay = _____ /wk

Guest families of The Comfort House are not considered tenants; removal/end of stay will be at the sole discretion and discernment of Mt. Comfort Church, Inc.

By signing below, you are also agreeing to...

- *Following the expectations/rules of The Comfort House, including weekly check-ins.*
- *Progressing through your permanent housing solution plan.*
- *Vacating house/property on End-of-Stay Date or by End-of-Stay Notification*

Guest Families are solely responsible for any damage, loss, accident, or injury to person or property from the use of The Comfort House and release Mt. Comfort Church, Inc. of any liability.

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____



Length-of-Stay Extension

Should the TCH Team determine an extension of length of stay is warranted, this form serves as an addendum to the Length-of-Stay Agreement in the Transitional Housing Application.

TCH Reference #: _____

Assigned TCH Team Member(s): _____

If any section or line below doesn't apply, please just write "N/A"

Head of Household Name: _____

Reason for length of stay extension

Approved Length-of-Stay Extension = _____

New End-of-Stay Date: _____

Guest families of The Comfort House are not considered tenants; removal/end of stay will be at the sole discretion and discernment of Mt. Comfort Church, Inc.

All previous agreements and acknowledgements remain in effect.

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____



End-of-Stay Notification

The purpose of this document is to provide notice to a guest family of The Comfort House that their stay has ended. While we hope this “end of stay” is a celebration and marking a move into their next permanent housing solution, we recognize there may be times our guest families are asked to leave before they are ready. We will make every effort to provide 2-weeks’ notice of “end of stay” but cannot guarantee it.

TCH Reference #: _____

Head of Household Name: _____

You are receiving this “End-of-Stay Notification” for the following reasons...

Your family is asked to vacate the house and property by the date/time below

Please remember...

- *You are required to sign an “Unit Contents Inventory”; TCH items stay in the house.*
- *Personal property not removed from TCH will be forfeited after 72 hours.*
- *If damage is assessed, recourse may include loss of any deposit and/or legal action.*

Head of Household Signature: _____ Date: _____

Head of Household Printed Name: _____

TCH Team Member Signature: _____ Date: _____

TCH Team Member Printed Name: _____



Weekly Check-In Report

The report is filled out by TCH Team members during the scheduled weekly check-in with the guest family. Weekly Check-ins should be conducted by two TCH Team members.

TCH Reference #: _____ Date of Check-In: _____

Head of Household Name: _____

List the names of all the people in the unit at time of check-in...

(Place a "star" next to any household members you spoke to for the purpose of this weekly check-in.)

_____	_____
_____	_____
_____	_____
_____	_____

How would you describe the general well-being of the family?

Did the family express any needs they have that aren't currently being met?

Did you recommend any community agency or social service? YES ___ NO ___

If yes, what? _____

How is the family progressing through their permanent housing solution plan?

Are "TCH Expectations/Rules" being followed? YES ___ NO ___

Did you see (or were told of) any concerns/issues related to the house?

Additional Observations/Comments...

TCH Team Member 1 Signature: _____ Date: _____

TCH Team Member 1 Printed Name: _____

TCH Team Member 2 Signature: _____ Date: _____

TCH Team Member 2 Printed Name: _____