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MAYOR**



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**REQUEST FOR QUALIFICATIONS  
City of Spokane, Washington**

RFQ NUMBER: HSWC2006/07

DESCRIPTION: 2006/07 CITY OF SPOKANE HUMAN SERVICES, REQUEST FOR QUALIFICATION TO BE DESIGNATED AS HOMELESS WARMING CENTER IN THE EVENT OF EXTREME WINTER WEATHER.

DUE DATE: October 31, 2006  
No later than 5:00 p.m.

City of Spokane – Human Services Department  
6<sup>TH</sup> Floor, City Hall  
808 W. Spokane Falls Blvd.  
Spokane WA 99201-3316

  
**Human Services Department**

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## 1. INTRODUCTION

### 1.1 PURPOSE AND BACKGROUND

The City of Spokane, through its Human Services Department (hereinafter "City") is initiating this Request for Qualifications (RFQ) to solicit Applications from social service agencies serving the City of Spokane to act as Warming Centers to shelter homeless individuals and families during extreme cold weather.

### 1.2 MINIMUM QUALIFICATIONS

Local governments, for-profit and non-profit (including faith-based) agencies serving the City of Spokane are all eligible to apply. Faith-based organizations and churches may not restrict client participation based on required religious affiliation or activities.

Please note: No individual shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFQ because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran's status, age, or disability. The Applicant shall comply with all applicable federal, state and local nondiscrimination laws, regulations and policies.

### 1.3 FUNDING

The level of funding for this RFQ has been set at \$10,000 as part of the City of Spokane 2006 budget. Funding levels for 2007 will be determined through the City of Spokane 2007 budget process. Any contract awarded as a result of this procurement is contingent upon the availability of funding.

### 1.4 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFQ is tentatively scheduled to begin on or about December 1, 2006 and conclude 7:00 a.m., April 1, 2007. Contract renewals or extensions, if any, shall be at the sole discretion of the City.

### 1.5 DEFINITIONS

Definitions for the purposes of this RFQ include:

**Agency** – Contractor or organization submitting Application for consideration under this RFQ.

**City** – The City is the City of Spokane, a Washington State municipal corporation that is issuing this RFQ.

**Contractor** – Agency whose application has been accepted by the City and is awarded a fully executed, written contract.

**Application** – A formal application submitted in response to this solicitation.

**Applicant** – Agency submitting an application in order to attain a contract with the City as a designated Warming Center.

## 1.6 RFQ COORDINATOR

The RFQ Coordinator is the primary point of contact in the City for this procurement. All communication between the Contractor and the City upon receipt of this RFQ shall be with the RFQ Coordinator or his/her designee, as follows:

Name	Jerrie Allard, Human Services Director
Address	808 W. Spokane Falls Blvd.
City, State, Zip Code	Spokane, WA 99201-3333
Phone Number	509.625.6130
Fax Number	509.625.6777
E-Mail Address	<a href="mailto:jallard@spokanecity.org">jallard@spokanecity.org</a>

Any other communication will be considered unofficial and non-binding on the City. Contractors are to rely on written statements issued by the RFQ Coordinator. Communication directed to parties other than the RFQ Coordinator may result in disqualification of the Contractor.

## 1.7 ESTIMATED SCHEDULE OF ACTIVITIES

2006/07 application and review schedule:

<i>When</i>	<i>What</i>	<i>Who</i>
Third week of October, 2006	Announcement of Request for Qualifications	City HS
October 31, 2006	Deadline to submit completed application and critical documents (fire, building safety/capacity)	Interested organizations
November 1 – Nov 3, 2006	Review of Applications and determination of qualification for on-site visit	Review Committee
November 6 – 10, 2006	Schedule and conduct site visits	Review Committee
November 13, 2006	Make recommendation to HS Director or his/her designee as to: <ul style="list-style-type: none"> <li>▪ Organizations not qualifying</li> <li>▪ Organizations qualifying</li> <li>▪ Of the organizations qualifying, priority sequence for opening for each subpopulation (families, adult women, adult men and youth)</li> </ul>	Review Committee
November 15, 2006	Accept or reject recommendations	HS Director or designee
November 16, 2006	Notification to successful and unsuccessful Applicants	HS Director or designee
November 21, 2006	Orientation/training for designated Warming Centers—if deemed necessary	Review Committee
December 1, 2006	Establish contracts with designated Warming Centers	HS Director or designee

Renewal of existing Warming Centers:

After qualifying the first year, Warming Centers may continue making application to serve as a City of Spokane Warming Center in the following way:

When	What	Who
Third week of October, 2006	Send previous year's completed Application to organization with request to complete revised Application with current information.	HS Director or designee
October 31,	Deadline to submit revised Application	Previously qualified

When	What	Who
2006		organization
November 16, 2006	Notification to Applicants of successful and unsuccessful renewal of designation	HS Director or designee

Consideration of renewals will be included as part of review process outlined above. Review committee will make the determination if a site visit is necessary.

The City reserves the right to revise the above schedule.

## **2. SCOPE OF SERVICES CONDITIONS AND REQUIREMENTS FOR OPERATING A WARMING CENTER**

A Warming Center is defined as a building or portion thereof which was not designed for lodging and is operated for the purpose of sheltering the homeless from the elements for brief intervals (not to exceed 24 hours) during any twenty-four hour period. No shelter beds are to be provided in areas designated as Warming Centers. Facilities will require review and approval by the City of Spokane to be allowed to be listed as an approved site. The following are the minimum requirements.

### **2.1 ACCESS**

The owner(s) and/or operator(s) of a Warming Center shall:

1. Ensure that entrances, exits, steps and walkways are free of obstruction by litter and/or refuse; or by ice, snow and other hazards.
2. Ensure building has adequate exiting for the occupant load.
3. Provide direct physical access to the facility without unauthorized use of other private property.
4. Provide ADA accessible restrooms with an adequate number of fixtures for the number of occupants.
5. Allow clients access for restroom privileges and for the taking of medication during all hours of operation.
6. Services are not contingent upon participation in religious services.
7. No individual shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFQ because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran's status, age, or disability. The Applicant shall comply with all applicable federal, state and local nondiscrimination laws, regulations and policies.

### **2.2 STAFFING AND TRAINING**

The owner(s) and/or operator(s) of Warming Centers shall:

1. Ensure there is full-time trained supervision for the building.
2. Maintain a minimum staffing ratio of one (1) staff member for every twenty (20) residents during waking hours with 2 or more staff on-site at all times. All required staff must be 18 years or older. All hours of operation for Warming Centers are considered waking hours.
3. Have written policies and procedures to address the following topics and ensure that all staff members are trained in the following areas:
  - a. First-aid
  - b. Fire and emergency procedures including the proper use of fire extinguishers
  - c. Client complaint and grievance procedures
  - d. Client confidentiality requirements
  - e. The appropriate lines of authority within the warming center

4. Ensure staff are oriented to the special needs of individuals who are homeless; experience mental health issues, chemical abuse issues or intimate partner/domestic violence issues.
5. Staff according to the organization's standard hiring/volunteer policies.

### **2.3 SPACE AND SECURITY**

The owner(s) and/or operator(s) of Warming Centers shall:

1. Ensure a minimum of 20 square feet/person of net area is provided for occupant load calculation.
2. Maintain in a conspicuous place a valid occupancy permit for the usual purpose of the structure.
3. Have a written policy of participant/patron responsibilities.

All standard penalties will be in effect in the event that a Warming Center participates in emergency activation without valid and applicable permits in place.

### **2.4 MINOR CLIENTS**

1. Minor clients, who are under the age of eighteen (18), shall be attended to or supervised by a parent, guardian or a qualified staff member at all times.

### **2.5 ADDITIONAL FIRE & SAFETY REQUIREMENTS**

In addition to the requirements contained in the Fire Prevention Code and other City codes, the owner(s) and/or operator(s) of a Warming Center shall:

1. Post emergency telephone numbers near each telephone including, but not limited to, '911' and poison control.
2. Provide 2A:10BC fire extinguishers at a maximum spacing of 75 feet in space designated as a warming center.
3. Not allow cooking in any room which is used for warming.
4. Not allow smoking at any time. Signage must be posted.
5. Provide First Aid kits to accommodate the number of people in the warming center.
6. Post fire exit diagrams.
7. Standard procedures exist and regular fire drills are practiced.

### **2.6 PARTICIPATION IN HMIS**

Warming Centers will participate in the City of Spokane's Homeless Management Information System (HMIS). The HMIS provides Spokane's homeless providers with an up-to-date unduplicated count of the homeless requesting services. Consumer information is matched by birthday, initials and gender. No names are used in the system and confidentiality of the data is maintained. (See attached standard HMIS Intake Form.)

### **2.7 REIMBURSEMENT WARMING CENTER ACTIVATION**

Only activations by the City of Spokane Human Services Department or their designee staff will be reimbursed. Organizations opening Warming Centers at the request of the City or the City designee will be reimbursed using the federal Emergency Food and Shelter program rate as adjusted annually.

### **2.8 CURRENT CONTRACT**

Only facilities with an active emergency Warming Center contract with the City of Spokane shall be considered a valid emergency Warming Center.

### **2.9 WARMING CENTER HOURS OF OPERATION**

Warming Center hours of operation are 8 p.m. to 7 a.m. daily.

### **3. GENERAL INFORMATION**

#### **3.1 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE**

Materials submitted in response to this competitive process shall become the property of the City.

All received Applications shall remain confidential until the award of contract recommendation has been filed with the City Clerk for City Council action. Thereafter, the Applications shall be deemed public records as defined in RCW 42.17.250 to 42.17.340, "Public Records."

Any information in the Application that the Applicant desires to claim as proprietary and exempt from disclosure under the provisions of state law shall be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified by the word "Confidential" printed on it. Marking the entire Application exempt from disclosure will not be honored.

The City will consider an Applicant's request for exemption from disclosure; however, the City will make a decision predicated upon state law and regulations. If any information is marked as proprietary in the Application, it will not be made available until the affected Applicant has been given an opportunity to seek a court injunction against the requested disclosure.

All requests for information should be directed to the RFQ Coordinator.

#### **3.2 REVISIONS TO THE RFQ**

In the event it becomes necessary to revise any part of this RFQ, addenda will be provided to all who receive the RFQ.

The City also reserves the right to cancel or to reissue the RFQ in whole or in part, prior to final award of a contract.

#### **3.3 RESPONSIVENESS**

All Applications will be reviewed by the RFQ Coordinator or designee to determine compliance with administrative requirements and instructions specified in this RFQ. The Applicant is specifically notified that failure to comply with any part of the RFQ shall result in rejection of the Application as non-responsive.

The City reserves the right, however, at its sole discretion to waive minor administrative irregularities.

#### **3.4 MINORITY & WOMEN-OWNED BUSINESS PARTICIPATION**

The City encourages participation in all of its contracts by firms certified by the Washington State Office of Minority and Women's Business Enterprises (OMWBE). Applicants may contact OMWBE at 360/753-9693 to obtain information on certified firms.

#### **3.5 MOST FAVORABLE TERMS**

The City reserves the right to make an award without further discussion of the Application submitted. Therefore, the Application should be submitted initially on the most favorable terms which the Contractor can propose. There will be no best and final offer procedure. The City does reserve the right to contact an Applicant for clarification of its Application.

The Applicant should be prepared to accept this RFQ for incorporation into a contract resulting from this RFQ. Contract negotiations may incorporate some or all of the Application.

### **3.6 COSTS TO MAKE APPLICATION**

The City will not be liable for any costs incurred by the Applicant in preparation of an Application submitted in response to this RFQ, in conduct of a presentation, or any other activities related to responding to this RFQ

### **3.7 NO OBLIGATION TO CONTRACT**

This RFQ does not obligate the City to contract for services specified herein.

### **3.8 REJECTION OF APPLICATIONS**

The City reserves the right at its sole discretion to reject any and all Applications received without penalty and to not issue a contract as a result of this RFQ.

## **4. APPLICATION AND REVIEW PROCESS**

Applicants are responsible for contacting the City of Spokane Building and Fire departments to conduct the approval review for access, space and security, and additional fire safety requirements for Warming Centers.

The applicant review committee, with representation from the Human Services Department, the Spokane Homeless Coalition and others as deemed appropriate, will review Applications and conduct site visits as needed to verify staffing and training certification, and current building and fire certifications. The committee will advise the City of Spokane Human Services Director or his/her designee of findings as indicated below.

1. Warming Centers will be qualified and the priority centers selected annually. (Priority centers are those that will be requested to open first for each of the subpopulations.)
2. The criteria by which priority Warming Centers will be selected is:
  - a. Existing provider
  - b. Cost and service to be offered
  - c. Length of time as a provider of services to be offered
3. If a grievance is brought forward on a Warming Center, the same grievance policy that is currently in place with City contracted homeless providers will be followed.

## **5. PREPARATION AND SUBMISSION OF APPLICATIONS**

### **PREPARATION OF APPLICATIONS**

All Applications shall be typed or printed in ink, prepared using the RFQ template provided by the Human Services department and available on the human services web-site [www.spokanehumanservices.org](http://www.spokanehumanservices.org)

Applications shall be submitted on eight and one-half by eleven (8 1/2 x 11) inch paper, using 11 point font, double spacing and one inch margins. One complete original and 5 copies (for a total of 6 sets of Applications) need to be provided. Documents are to be stapled and 3-hole punched, but not bound.

## SUBMISSION OF APPLICATIONS

The deadline to submit Applications is 5:00p.m. October 31, 2006.  
Late Applications will not be accepted.

### Submit Applications to:

Human Service Department  
6<sup>th</sup> Floor – City Hall  
808 West Spokane Falls Blvd.  
Spokane WA 99201

**NOTE: Applications will not be accepted by fax or email**

The City is not responsible for Applications delivered late. It is the responsibility of the Applicant to be sure the Applications are sent sufficiently ahead of time to be received **no later than 5:00 PM local time** on the due date.

Organizations mailing applications should allow normal mail delivery time to ensure timely receipt of their Applications by the RFQ Coordinator. Applicants assume the risk for the method of delivery chosen. The City assumes no responsibility for delays caused by any delivery service. Applications may not be transmitted using electronic media such as facsimile transmission. Applicants are encouraged to hand deliver Applications and to review them to ensure all requirements as specified in this RFQ have been fulfilled.

***All Applications and any accompanying documentation become the property of the City and will not be returned.***

## 6. APPLICATION CONTENTS

### 6.1 Application Content

Applicants are to follow the Application template provided on the Human Services web-site [www.spokanehumanservices.org](http://www.spokanehumanservices.org)

### 6.2 Application Attachments

In addition to the completed application, the following attachments are required.

- Fire Inspection certificate
- Occupancy permit
- Proof of liability insurance
- Fire exit diagram that is posted next to exits
- Standard procedures for fire drills
- Written policy of participant/visitor responsibilities

**ALL DOCUMENTS MUST BE SUBMITTED WITH APPLICATION—INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Applications shall provide information in the same order as presented in this document with the same headings. This will not only be helpful to the evaluators of the Application, but should assist the Applicant in preparing a thorough response. By signature on the cover page of the Application for Designation as City of Spokane Warming Center, applicants certify that they comply with all terms and conditions set out in this RFQ.

## **7. EVALUATION AND CONTRACT AWARD**

### **7.1 EVALUATION PROCEDURE**

Responsive applications will be evaluated in accordance with the requirements stated in this solicitation and any addenda issued.

### **7.2 EVALUATION WEIGHTING AND SCORING**

Applications will be evaluated using the following criteria.

- Physical Access
- Space and Security
- Fire and Safety Requirements
- Staffing and Training
- Supervision of Minors
- Emergency Preparedness
- Submission of Required Documentation

### **7.3 NOTIFICATION TO APPLICANTS**

After award recommendations have been determined, Applicants will be sent an Intent to Award notification via e-mail.

### **7.4 DEBRIEFING OF UNSUCCESSFUL APPLICANTS**

Upon request, a debriefing conference will be scheduled with an unsuccessful Applicant. Discussion will be limited to a critique of the requesting Contractor's Application. Comparisons between Applications or evaluations of the other Applications will not be allowed. Debriefing conferences may be conducted in person or on the telephone.

### **7.5 APPEAL PROCEDURE**

Following evaluation, a recommendation for award shall be submitted to the Director of Human Services by the Review Committee. Award of contract, if made, shall be by approval of the Deputy Mayor. Applicants wishing to appeal the award of the contract must make their appeal to the Deputy Mayor.

## **8. CONTRACT TERMS**

### **8.1 CITY OF SPOKANE BUSINESS LICENSE**

Persons / firms doing business in the City or with the City must have a valid City of Spokane business license. Questions may be directed to the Taxes and Licenses Division at (509) 625-6070.

### **8.2 ANTI-KICKBACK**

No officer or employee of the City of Spokane, having the power or duty to perform an official act or action related to contracts resulting from this RFQ shall have or acquire any interest in the contract, or have solicited, accepted or granted a present or future gift, favor, service or other thing of value from or to any person involved in the contract.

### **8.3 ASSIGNMENT**

Agency shall not assign, transfer or subcontract its interest, in whole or in part, without the written consent of the authorizing official for the City of Spokane.

### **8.4 NON-WAIVER**

No delay or waiver, by either party, to exercise any contractual right shall be considered as a waiver of such right or any other right.

### **8.5 SEVERABILITY**

In the event any provision of a resulting contract should become invalid, the rest of the contract shall remain in full force and effect.

### **8.6 DISPUTES**

Any contract resulting from this RFQ shall be performed under the laws of Washington State. Any litigation to enforce said contract or any of its provisions shall be brought in Spokane County, Washington.

### **8.7 NONDISCRIMINATION**

No individual shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFQ because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran's status, age, or disability. The Applicant shall comply with all applicable federal, state and local nondiscrimination laws, regulations and policies.

### **8.8 LIABILITY**

The Applicant will be considered an independent contractor and the Agency, its officers, employees, agents or subcontractors shall not be considered to be employees or agents of the City. The Agency shall defend, indemnify and hold harmless the City from all loss, liability, damage, death or injury to any person or property arising from the performance or omission of the Agency, its agents or employees, arising directly or indirectly, as a consequence of this contract.

### **8.9 INTERNAL AUDITING CONTROL**

The Agency shall establish and maintain a system of internal accounting control which compiles with applicable generally accepted accounting principles and governmental accounting and financial reporting standards. A copy of the Agency's most recent Audited Financial Statement shall be kept on file in the Human Services Department. The City has the right to supervise and audit the finances of the Agency to ensure that actual expenditures remain consistent with the spirit and intent of any contract resulting from this RFQ. The Deputy Mayor or his designee may inspect and audit all records and other materials and the Agency shall make such available upon request.

**APPENDIX A: STANDARD HMIS INTAKE FORM**

SPOKANE CONSUMER INTAKE FORM

**STAFF ONLY: Organization/Program: \_\_\_\_\_ **Agency****  
**Consumer ID#** \_\_\_\_\_  
 **New Consumer**       **Update on Consumer**  
*Services Provided to Consumer: (Circle all that apply) Outreach/Contact, Case Management, Treatment, Support Group, Shelter, Transitional Housing, Permanent Housing, Mentoring, Follow-up, Parenting, Job Skills, Life Skills, Mental Health, Chemical Dependency, Domestic Violence, Education, Childcare Other: \_\_\_\_\_*  
 Services were delivered in (circle one): **City or County.**  
*Grant and Year: (Circle all that apply) WA: \_\_\_\_\_ HS Grant, THOR, ESGP, S+C, 2163, None, Other: \_\_\_\_\_*  
**Name of Staff completing form:** \_\_\_\_\_

1<sup>st</sup> and 2<sup>nd</sup> Letters of Last Name: \_\_\_\_\_, First Letter of First Name: \_\_\_\_\_, Middle Name Initial: \_\_\_\_\_ Maiden Name Initial: \_\_\_\_\_ VET: \_\_\_\_\_  
 SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 CURRENT DATE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_, SEX: M\_\_\_\_, F\_\_\_\_, T\_\_\_\_, Other \_\_\_\_\_  
 ETHNICITY: Circle One: **Of Hispanic Origin**      **Not of Hispanic Origin**  
 RACE:(Circle One) **White, Native American, African American, Asian/Pacific Islander, Biracial: (please list) \_\_\_\_\_ & \_\_\_\_\_**  
**Other:** \_\_\_\_\_ Tribal Affiliation (Name of Tribe): \_\_\_\_\_

Do you use community voicemail? **YES NO ---**  
 Do you have a: **(circle all that apply) Valid State Identification card, Drivers license, Social Security card, Birth Certificate, None**

Referred From *(Circle one):* **Self, Other Outreach, Shelter, School, Hospital, Mental Health, Doctor, Drug Treatment, Police/Legal, CPS, Friends/Family, Other: \_\_\_\_\_**

Present Income *(Circle All Types That Apply):* **No Income, TANF, GAU, GAX, SSI, SSD, Child Support, ADATSA, Food Stamps, Part-Time Work, Full-Time Work, Veterans Benefits, Private Retirement, SSA, Unemployment, State Industrial, Medicare, Medicaid, Student Loans, Other \_\_\_\_\_**  
 Total Present Monthly Income \$ \_\_\_\_\_ Total Amount of Food Stamps: \$ \_\_\_\_\_

Do have health insurance at this time? **Yes, No**  
 Are your children enrolled in SCHIP? **Yes No NA**  
 Since homeless has health care: **Improved, Worse, Same.**  
 Do you receive WIC? **Yes No NA**  
 Since homeless has childcare: **Improved, Worse, Same, NA**

Highest grade completed *(Circle one):*  
**College Graduate, AA, Technical Degree, Some College, High School Graduate, GED, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>Grade, Less than 7<sup>th</sup> Grade**

Describe Location Last Residence *(Where you became homeless):*  
 -City of Spokane: **(Write Name of Neighborhood)** Neighborhood: \_\_\_\_\_  
 -Area in Spokane County: *(circle area in county or write Town Name):* **North, South, City of Spokane Valley, W. Plains or Incorporated Town: \_\_\_\_\_**  
 -ZIP Code: \_\_\_\_\_ -Other WA County: \_\_\_\_\_ -Other  
**State: and City \_\_\_\_\_**

Classification for Services – Are you: *(Check One)*  
 **Household with Children (Family)**  
 **Household without Children (Single or with another adult)**  
 **Independent Youth (under age 18 – without parents/guardians) Please complete Independent Youth Intake**  
 Have You Been Homeless Before: **YES NO** Date 1st became homeless (lifetime): \_\_\_\_\_  
 How long have you been Homeless (this episode)? \_\_\_\_\_  
 Are you on a Permanent Affordable Housing waiting list? **YES NO**

In the past 30 days have you been discharged from? *(Circle All That Apply):*  
**Alcohol TX, CD/MH TX, Drug TX, Drug & Alcohol TX, Hospital, Jail/Prison, Psychiatric TX, , Respite, NA.**

Where did you stay last night? *(Circle one)* **Alcohol TX, Drug TX, Family/Friends, Hospital, Jail, Motel/Hotel, Psychiatric TX, Rental House/Apt, Shelter, Streets/Camper/Car, Transitional Housing, Your Own Home**  
 How long have you stayed at this location? \_\_\_\_\_ Were your children with you at this location? **Yes No NA**

Did you leave your home due to Domestic/Intimate Partner Violence? **Yes No**

Reason Became Homeless *(Circle all that apply):*  
**Alcohol Abuse, CPS Issues, Domestic Violence, Drug Abuse, Evicted, Family Conflict, Fire, Illness, Jail/Prison, Lack of Affordable Housing, Lack of Income, Lost Job, Mental Health Problems, Moved, Partner Substance Abuse, Physical Disability, Substandard Housing, Other \_\_\_\_\_**

Are you pregnant? **Yes No NA** What is your due date? \_\_\_\_\_  
 Do you have any Disabilities, Please list, if any: \_\_\_\_\_

COMPLETE FOR ALL FAMILY MEMBERS.

<i>If more than 2 adults, please list their information on back.</i>	<i>Relationship to You</i>	<i>Initial of Last Name</i>	<i>Initial of First Name</i>	<i>SEX</i>	<i>Birth Date</i>	<i>Ethnicity/Race</i>	<i>Type of Disability</i>	<i>Income Source</i>

<i>Adult 2: Other Adult Living with you</i>								
<i>Adult 3: Other Adult living with you</i>								

<i>Children: Last &amp; First Initials</i>	<i>Relationship to You</i>	<i>Living with: You Other Parent Other Residence</i>	<i>How long</i>
<i>Child 1 --</i>			
<i>Child 2--</i>			
<i>Child 3--</i>			
<i>Child 4</i>			
<i>Child 5</i>			

*For all Children (those living with you and not with you) complete the Child Intake form*

*COMPLETED BY STAFF: (UPDATE EACH TIME FORM IS COMPLETED!)*

<p>1. Was there space available <u>today</u> for the requested service(s)? Yes __, No __.    2. Was this person put on a pending/waiting list? Yes __, No __.</p> <p>If Consumer is ineligible, give reason: _____</p> <p>If Consumer is Housed: Address of Housing Unit: _____ Unit Number: _____</p> <p>Staff Comments</p>
--