



The mission of Nightingale Hosted Shelters (NHS) is to provide temporary shelter and a healthy supportive community for people who are unhoused.

### **Management and Camp Rules**

The NHS site will be self-managed with an on-site council and oversight by its Board of Directors. All residents will be vetted and adhere to a set of Community Agreements in support of a safe environment, both on site and in the neighborhood. Our basic rules are no violence to self or others, no theft, no weapons, alcohol or drugs on site, no smoking on site, and no constant disruptive behavior. We expect all residents to contribute to the extent they are able.

### **Camper Expectations**

Responsibilities are as follows:

- Campers agree to participate in community meetings and service work parties when scheduled by Site Council to the extent that they are able.
- Campers agree to keep their personal belongings within the vicinity of their tent platform and cover.
- Campers must follow the Camp Rules and abide by the Camper Expectations

It is very important to the success of the NHS camp that our rules and expectations be respected. Failure to follow the expectations will result in eviction. By signing below you are stating that you understand the camp rules and expectations:

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Name

Date

Do you need help filling out these papers? Call 541-485-1755 and we will arrange for

someone to help you.

**Nightingale Hosted Shelters  
Residents' Community Agreement  
(Must Be Signed by All Residents)**

Our mission is to provide temporary shelter and a healthy supportive community for people who are unhoused.. As a member of the Nightingale Hosted Shelters community, I understand that I may be evicted for commission of any of the following acts:

1. Violence to myself or others
2. Theft
3. Use or possession of alcohol or drug possession on the site
4. Persistent, disruptive behavior
5. Violation of the rule that requires quiet hours from 10 pm to 6 am
6. Any misrepresentation on my Admission Application.
7. Repeated violation of any other camp rule that is related to safety or cooperation.

I will be a positive member of this community and contribute toward making it a safe, secure, clean and pleasant place to live. Therefore I agree to the following:

- What I do will be based on love and respect for myself and others.
- I will not disrespect others based on ethnicity, religion, gender, sexual orientation, disability, lifestyle choices, or economic status. We all have the right to expect dignity and opportunity.
- I want to live in a clean, litter-free, comfortable space where. Also, I know that many communities such as ours get closed down for "health and safety" reasons. I will keep the area in and around where I live clean and orderly, and not store any personal items outside of my tent footprint or allocated storage space. I will help keep the community areas clean and will pick up after myself and my pet, if I have one, and keep my dog leashed at all times.
- I understand that in order to maintain a secure environment there will be a single point of entrance and exit that will be staffed 24/7, and that security shifts will be shared among Sanctuary residents. All guests must sign in.

- I know that it can take a lot of work to keep the Sanctuary a safe, clean and pleasant place to live. I agree to work at least 13 hours a week on the operation and maintenance of the Sanctuary, to the extent that my health allows. This includes serving on site council, security/safety teams, helping with kitchen duties, construction projects, maintenance and cleanup crews, helping plan activities and other jobs that need to be shared by community members.
- I also know that there are financial costs to keep the Sanctuary running. I will support the goal of self-sufficiency by contributing each month either financially or through sweat equity by participating in micro-business opportunities or fundraising events.
- I will attend the weekly meetings, unless I have an acceptable reason for absence, in which case I will find out what went on by reading the meeting notes. I understand that decisions will be made through a majority vote, and that the Nightingale H.S. Sponsoring Council reserves the right to override decisions made which are contrary to the rules established herein. I agree to abide by all decisions made.

If the Site Council determines that I have broken these agreements and asks me to leave the property, I agree to do so peacefully and respectfully and to take my belongings with me. I have the right to appeal the decision to the Sanctuary Sponsoring Council and have a decision to be made within one week. During this week, I will remain off site unless Site Council allows me to stay, or visit, during the appeal process. Temporary "breaks" of less than one week may not be appealed.

I know that the Nightingale H.S. is a place where people value community and support each other. I will try to think of ways to make our community a better place to be. When I am concerned or upset with situations at the camp, I will bring these problems to the attention of the appropriate people so that we can work together to figure things out.

I willingly sign this agreement and it is a contract between Nightingale H.S. and me.

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Name	Date	Signature
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2/14/18

# NHS

## Nightingale Hosted Shelters

Application and intake questionnaire

Date \_\_\_\_\_

Legal Given Name \_\_\_\_\_

Name used \_\_\_\_\_

How do we contact you? Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Friend's \_\_\_\_\_

Email: \_\_\_\_\_

Where did you sleep last night?

\_\_\_\_\_

Age: \_\_\_\_\_ Circle one: Single Married Partnered

Is your spouse/partner applying to NHS? Yes No

If so, Spouse/Partner's Name: \_\_\_\_\_

Do you have a car? Yes No

Do you have an RV? Yes No

How much stuff do you have? Will it fit in your tent? Yes No \_\_\_\_\_

Do you have a pet? Yes No What kind? \_\_\_\_\_ How many pounds? \_\_\_\_\_

How did you find out about Nightingale Hosted Shelters? \_\_\_\_\_

\_\_\_\_\_

How long have you been without stable housing? \_\_\_\_\_

\_\_\_\_\_

Why do you think you are on the street? \_\_\_\_\_

\_\_\_\_\_

Do you have a job? Yes No If so, what do you do? \_\_\_\_\_

Do you get Food Stamps? Yes No If not, do you want help applying? Yes No

Are you on OHP? Yes No If not, do you want help applying? Yes No

Are you on prescribed medication? Yes No What is it? \_\_\_\_\_

Do you receive SSI SSDI? Yes No If not, do you want help applying? Yes No

Do you have any other income? Yes No If so, what kind? \_\_\_\_\_

\_\_\_\_\_

Are you on any housing lists? Yes No If so, which? \_\_\_\_\_

How long do you hope to live at NHS? \_\_\_\_\_

Have you been active in Houseless Issues activism? Yes No If so, how? \_\_\_\_\_

\_\_\_\_\_

Have you ever lived in a homeless village? Yes No If so, which one and for how long?

\_\_\_\_\_

Where do you see yourself in one year? \_\_\_\_\_

\_\_\_\_\_

What is the next step in your goals? \_\_\_\_\_

\_\_\_\_\_

What will you need assistance with if admitted to the NHS? \_\_\_\_\_

\_\_\_\_\_

What can you offer to others at NHS if admitted? [skills, talents] \_\_\_\_\_

\_\_\_\_\_

Do you need to be connected with AA / NA or other recovery groups? Yes No

Are you a veteran? Yes No Branch \_\_\_\_\_ Type of discharge? \_\_\_\_\_

Do you use the VA for health care? Yes No

Do you have any major medical, mental health or addiction problems that we need to know about?

Yes No If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you want to register to vote? Yes No Do you need assistance registering? Yes No

Do you have an ID? Yes No Do you need assistance obtaining one? Yes No

Signed: \_\_\_\_\_ Intake taken by: \_\_\_\_\_

# NHS

## Nightingale Hosted Shelters

### Medical Questionnaire

We ask these questions so we have a record in case of an emergency. All information will be kept confidential. You may leave some questions blank

Do you have any allergies? \_\_\_\_\_

Please list ALL medications you are taking: \_\_\_\_\_

Please list ALL medications you were prescribed: \_\_\_\_\_

Where do you get your primary medical care? \_\_\_\_\_

Please list all diagnoses that you're being treated for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical coverage? Yes No What type? (circle one) Insurance VA OHP Other: \_\_\_\_\_

Do you have any communicable diseases? (TB, Hep C, STDs) \_\_\_\_\_

Religious Preference community (if any) \_\_\_\_\_

Who do we contact in case of an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Signature

Name

\_\_\_\_\_

Witness

Date



# NHS

## Nightingale Hosted Shelters

### Background Check Form

Notice: We will conduct a background check on all applicants. If that background check does not match your answer on this form, your application to live in Nightingale Hosted Shelters will be denied. The only criminal offenses that automatically exclude are forcible aggravated rape and sexual predation on children.

#### PLEASE BE HONEST

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Please list the **State and County** in which you have lived in the past **three** years.

- |              |              |
|--------------|--------------|
| 1. _____     | 4. _____     |
| State County | State County |
| 2. _____     | 5. _____     |
| State County | State County |
| 3. _____     | 6. _____     |
| State County | State County |

Have you ever been convicted of a criminal offense? Yes No

If yes, please state the charges you were convicted on, the date of the conviction, and the City/Town, County and State. (Please use the back of the sheet if you need more room).

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The information on this form is true and accurate to the best of my knowledge. I give my permission to verify all information provided.

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Signature

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Date

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NHS Representative Signature

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Date