

Nightingale Hosted Shelters Intake Questionnaire

Camp Telephone (541) 630-6303

9 AM – 5 PM

This questionnaire may be completed by either the applicant or by a representative of NHS, the date of signing and the signature of the applicant is required for consideration of application.

**Our Mission:** Nightingale Hosted Shelters provides temporary shelter and a supportive community for unhoused persons as they seek stability.

**Management of NHS:** Our 20-unit site at 34th Alley and Hilyard Streets in Eugene, Lane County, Oregon, has a resident manager. All persons seeking shelter are interviewed by our resident manager. Applicant agrees to comply with NHS rules, which are:

- **Participation in community meetings, work parties, events, and rest stop duties**
- **No violence to self or others**
- **No theft**
- **No weapons, drugs, or alcohol at the site**
- **No disruptive behavior**
- **No pets or animals**
- **No smoking in the huts or warming shelter**
- **All personal belongings are kept within the vicinity of assigned hut**
- **The resident manager retains the right to inspect huts on a periodic basis for reasons of sanitation and safety**

***THERE IS A ONE WEEK TRIAL PERIOD TO ASSURE UNDERSTANDING OF THE RULES AND EXPECTATIONS OF PERSONS SHELTERING WITH NHS.***

Nightingale Hosted Shelters offers transitional housing to persons who lack permanent or safe shelter and who cannot be placed in other low-income housing (ORS 446.265). Rest stop sheltering does not come under Landlord/Tenant laws.

Legal given name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

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

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

Friend Name and phone number: \_\_\_\_\_

Where did you sleep last night?: \_\_\_\_\_

Are you: **SINGLE** **MARRIED** **PARTNERED**

Do you have an automobile: **YES** **NO**

Will your personal items fill your hut? **YES** **NO**

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

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

Why do you think you are currently unhoused? \_\_\_\_\_

Do you currently have a job? **YES** **NO**

If yes, what is your job? \_\_\_\_\_

Do you receive SSI benefits or SSDI benefits? **YES** **NO**

If not, would you like assistance with the application? **YES** **NO**

Do you have any other source of income? **YES** **NO**

If yes, what is it?

Do you receive Food Stamps? **YES** **NO**

If not, are you applying? \_\_\_\_\_

Are you on any housing lists? **YES** **NO**

If yes, which ones? \_\_\_\_\_

How long do you hope to stay at Nightingale? \_\_\_\_\_

Have you ever lived in a homeless shelter or village? **YES** **NO**

If yes, which shelters and for how long? \_\_\_\_\_

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

What is your next step toward your goal? \_\_\_\_\_  
\_\_\_\_\_

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

What do you have to offer to the members of the NHS Community? \_\_\_\_\_  
\_\_\_\_\_

Do you have any legal identification?	YES	NO
If no, would you like assistance in obtaining one?	YES	NO

*We ask health questions so we have a record in the event of an emergency.  
All information is kept confidential and not shared with persons other than health/safety  
professionals.*

Are you currently taking prescribed medication?	YES	NO
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If yes, what do you take? \_\_\_\_\_  
\_\_\_\_\_

Do you have any healthcare coverage?	YES	NO
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If yes, what type? \_\_\_\_\_  
\_\_\_\_\_

Are you currently on Oregon Health Plan?	YES	NO
If not, would you like assistance with the application?	YES	NO

Are you a member of a recovery community?	YES	NO
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Are you a veteran?	YES	NO
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Branch: \_\_\_\_\_

If yes, do you use the VA for health care?	YES	NO
If not, would you like assistance with the application?	YES	NO

Do you have any major medical issues that we need to know about?

\_\_\_\_\_

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

Where do you receive your primary care? \_\_\_\_\_

Please list all diagnoses that you are being treated for: \_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with a communicable disease?      YES      NO  
If yes, please explain \_\_\_\_\_

Have you ever been tested for Covid-19?                              YES      NO  
If yes, what was the date and the result? \_\_\_\_\_

Have you been vaccinated for COVID (required)?                      YES      NO  
Do you have proof of vaccination?                              YES      NO

Who do we contact in the event of an emergency?

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

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

Religious preference, if any, \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please list the States and Counties where you have lived in the past 3 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense?      YES      NO

**If yes, please state the charges you were convicted on, the date of conviction, the City, Town, County and State of conviction.**

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**I understand that I am responsible for the accuracy of these answers for my health and safety as well as the health and safety of residents of Nightingale Hosted Shelters. My signature here also means that I understand and agree to abide by the rules of NHS. I understand that any misinformation given on the Intake Questionnaire shall be grounds for eviction if the application is accepted.**

**The information on this form is true and accurate to the best of my knowledge. I hereby give my consent to Nightingale Hosted Shelters to verify the information provided.**

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**Signature of Applicant**

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**Date**

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**Resident Manager**

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**Date**