



INTACT FAMILY MINISTRY INTAKE APPLICATION

4535 Benjestown Rd - PO Box 330 - Memphis, TN 38101-0330
Phone: (901) 357-9641 - Fax: (901) 357-8939
www.MemphisUnionMission.org

Personal Information

Husband's Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

S.S. No.: _____ Date of Birth: _____

Wife's Name: _____

S.S. No.: _____ Date of Birth: _____

First Child's Name: _____

S.S. No.: _____ Date of Birth: _____

Second Child's Name: _____

S.S. No.: _____ Date of Birth: _____

Third Child's Name: _____

S.S. No.: _____ Date of Birth: _____

Fourth Child's Name: _____

S.S. No.: _____ Date of Birth: _____

Religious or Denominational Background: _____

Reason for Homelessness: _____

Resource Information

Source of Referral to Memphis Union Mission: _____

Other Agencies Contacted For Help: _____

Kind of Help You Have Received: _____

Other Income Sources Besides Employment: _____

Employment Information

Employer: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dates of Employment: From _____ to _____

Emergency Contact Information

Family Member Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Health Information

Overall Health Status of You and Your Family: _____

Are Your Children's Immunizations Up to Date?: Yes No

List Any Chronic Health Problems: _____

Do You Have Health Insurance?: Yes No

Are You Pregnant?: Yes No If So, How Far Along Are You?: _____

Substance Abuse / Mental Health History

Has Anyone in Your Family Ever Abused Drugs or Alcohol?: Yes No

If Yes, Please Describe: _____

Has Anyone in Your Family Ever Received Treatment for Substance Abuse or Mental Health Issues?: Yes No

If Yes, Please Describe: _____

Are You Currently in Treatment?: Yes No Name of Treatment Facility: _____

Doctor Name: _____ Phone: _____

Legal History

Have You Ever Experienced Any Legal Problems?: Yes No

If Yes, Please Describe: _____

Have You Ever Been In Prison?: Yes No

If Yes, Please Describe: _____

Are You on Probation?: Yes No

Verification of Information

I promise that all of the information that I have given to Memphis Union Mission is true and accurate to the best of my knowledge. If it is discovered at any time during my stay at Memphis Union Mission's Intact Family Ministry that I have purposefully misled the staff of Memphis Union Mission, I will forfeit my family's place in the program and will be required to vacate the property and premises.

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Parental Agreement

As a parent or legal guardian of the children listed on this application, I acknowledge that I have been informed that I cannot leave my children with any other guest, volunteers, or staff without the express written permission of the director of Memphis Union Mission's Intact Family Ministry. I recognize that I am responsible for the care and supervision of my child/children at all times.

Memphis Union Mission is not responsible for any injuries that my family may incur while residing here.

I give permission for Memphis Union Mission to authorize emergency medical treatment for my child/children in the event that I am not able to give such permission.

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Client Information Release

I authorize Memphis Union Mission’s Intact Family Ministry director to contact agencies and individuals for information about me or my family for the purpose of case management and referral.

This authorization is to include contact agencies/individuals, and henceforth, will be considered a mutual release.

The release of content includes, but is not limited to, information regarding entitlements, job performance, financial/credit background, mental health history, legal history, substance abuse history, and other stays in shelters and/or programs.

I realize that any information given by or to staff or volunteers will be done so for the specific purposes of improving my circumstances and meeting my needs.

The duration of the release is limited to the time I am a guest of Memphis Union Mission. It expires upon my departure from the program.

Husband’s Signature: _____ Date: _____

Wife’s Signature: _____ Date: _____

Director’s Signature: _____ Date: _____

Drug and Alcohol Screening Consent Release

I understand and agree that this consent and release is part of my agreement with Memphis Union Mission, and as a condition to its consideration and any offer of shelter, I hereby consent to and authorize Memphis Union Mission to collect urine or blood samples from me. I will allow any doctor or medical agency, laboratory, medical facility, or person designated by Memphis Union Mission to conduct such tests as it believes necessary to determine the presence in my system, or use by me, of alcohol or drugs. So that the tests will be valid, I agree not to intentionally contaminate, dilute, or otherwise tamper with any samples so collected from me.

I understand and agree that the results of such testing will be used by Memphis Union Mission in its consideration of my shelter application or may be used by the Mission to refuse to offer shelter, or to withdraw any offer of shelter previously made, or to terminate my shelter, if I have been given shelter by Memphis Union Mission.

I hereby release Memphis Union Mission, the laboratory chosen, and their respective employees, officers, directors, agents and representatives, and any doctor or medical professional, agency clinic, laboratory, medical facility or person conducting any drug or alcohol tests on me from any and all claims, demands, liabilities, or actions arising out of or relating to 1) the collection of urine or blood samples for testing and retention; and or 2) the disclosure of such test results to Memphis Union Mission and/or 3) the investigation by Memphis Union Mission of any suspected violation of its policy on drug and alcohol use.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO ALL OF ITS TERMS AND CONDITIONS.

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Director's Signature: _____ Date: _____