## **Registration Intake**

These are yes/no observations and questions to support registration staff in identifying and obtaining assistance and supplies for shelter residents.
<u>Observations</u>
Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or is a threat to themselves or others?  Yes No
<ul> <li>If Yes, STOP the registration process and do one of the following:</li> <li>If situation is critical and no support is available, call 911 if available.</li> <li>Contact Health Services and/or Mental Health worker on site.</li> <li>If no health or mental health resource on site, direct concern to Shelter Manager, or</li> </ul>
<ol> <li>If the client has a service animal, uses a wheelchair/walker or demonstrates any other circumstance where it appears they may need help in the shelter, acknowledge their need and offer assistance this may include contacting a health services worker.</li> </ol>
Contact Shelter Manager for additional support when needed.
<ul> <li>Questions:</li> <li>1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter?</li> <li>Yes No If NO, is there anything you will need in the next 6-8 hours? Yes No I</li> </ul>
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?   Yes   No
If question #1, or #2 has a YES answer, Health Services and/or Mental Health services must be notified.
Priorities:
First: Contact Health or Mental Health Services worker on site;
OR if no health or mental health on site,
Second: Contact Shelter Manager for follow-up
OR
<b>Third:</b> Make a list of clients who have a "yes" response and give the list to the health services volunteer when they arrive.