DROP-IN CENTER RE-ADMIT FORM

Case Manager: ______________________	Intake Worker: ______________
	Age Verified: Yes ☐ No ☐
Health Counselor: ____________________	Intake Date: _____/______/_____
Mental Health Specialist:________________	Intake Time: _____:____ AM PM

WELCOME BACK to Ali Forney Center!!

I understand that AFC provides a variety of services for LGBTQ homeless youth, ages 16 to 24, and that I will be offered services based on my stated needs, along with an assessment conducted by staff. These services may include any of the following: supportive counseling, meals, healthcare, shelter, and entitlement programs, mental health assessment and treatment, substance abuse assessment and treatment, STI and HIV prevention counseling and testing, and linkage to HIV treatment. By signing below, I agree that the information I have provided is true and that I agree to receive services at AFC. I understand that if I do not follow program rules, I may not be able to receive services. I may also decide to stop receiving services at any time.

Client (Print Name): ________________________________ **Date:** ____________

Client (Signature): ________________________________

😄 😀 😊 😔 HOW ARE YOU FEELING TODAY? 😢 😐 😕 😶

☐ **Suicidal** ☐ **Hopeless** ☐ **A Little Sad** ☐ **Neutral** ☐ **Okay** ☐ **Happy** ☐ **Very Excited** ☐ **Wildly Excited**

FOR STAFF USE ONLY

Checked-in by _______________

Date of check-in ____________

Follow up/plan needed? _______________

Notes:

Updated 01/31/2020

Rules of Conduct

1. I will not engage in a physical altercation with my fellow peers or staff members in or around the facility. I will not verbally or physically threaten my peers or Staff.
2. I will treat all Staff and my fellow peers with respect; I will not engage in name calling or bullying. I understand that this is a shade-free environment, and that I may be asked to leave if I am being shady.
3. I will not cyber-bully any of my peers, this includes text message or on any other social media website.
4. I will not engage in any sexual activity with fellow clients while in or around the facility.
5. I will not solicit sexual acts or sexually harass my peers or staff.
6. I will not steal anything from the program, staff, building or any fellow residents.
7. I will not use or sell alcohol and/or illegal drugs in or around the facility.
8. I will not be under the influence of alcohol and/or illegal drugs while inside the facility.
9. I will not smoke while inside the facility.
10. I will not carry or use a weapon while in or around the facility. If I am currently carrying a weapon, I am able to turn it in upon intake without consequence.
11. I understand that if my behavior is disruptive, I will be asked to leave.
12. I understand that sleeping is not permitted while inside the facility.
13. I understand that the front waiting area is for appointments only, any other time I should be in the group room.
14. I understand this is a program and while groups are running, I must be in a group or leave the program.
15. I understand that the Ali Forney Center is not responsible for any of my belongings and that if I leave any of my belongings here, they may be discarded.
16. I will not loiter (i.e. hang out) outside of the building or on the block. Smoke breaks or outside discussions should be taken off the block.
17. I will not compromise the confidentiality of the space by gesturing to people on the streets, banging on the windows, or yelling down the street.
18. I must be under 25 years or age to participate in services at AFC. I will provide documentation of my age within 1 week of intake.
19. I will not engage in any gang activity in or around AFC property. I understand this means no flagging, no colors, no beads, and no recruiting.

Updated 01/31/2020

I have read and understand my responsibilities as a member of the Ali Forney Center. I understand that non-compliance with any of these responsibilities could result in a suspension from the program or that I could be asked to leave the program permanently.

Staff: ______________________________ **Date:** ______________

Client: ______________________________ **Date:** ______________

Declaration of Confidentiality

As a member of the Ali Forney Day Center, you have the right to confidentiality. This means that staff do not have the right to share any information about you verbally or in writing with anyone outside the agency without your written consent. However, in some cases, we must bring outside individuals into the relationship, without your consent, to ensure your safety and well-being and that of others.

Essentially, everything you say/do/express is confidential EXCEPT:

Intent or plan(s) to harm yourself
Intent or plan(s) to harm another person
Knowledge or case(s) of a child being abused/harmed

Also, please note that information about you may be shared with co-workers and supervisors at Ali Forney Center at large <u>only</u> to obtain professional guidance and suggestions regarding treatment planning. Discretion will be used.

My signature below means that I have read the above confidentiality policy and that I fully understand my rights as a participant.

Staff: ______________________________ **Date:** ______________

Client: ______________________________ **Date:** ______________

Client Grievance Policy

Policy: Clients have recourse to make formal complaints about the quality of the services provided by AFC staff. Clients have the right to file grievances if they have been sexually harassed or witnessed staff misconduct.

Procedure: Clients are given notice of the Grievance Policy during the Intake Assessment. At any time thereafter, clients can bring any concerns regarding staff conduct to the attention of the Program Director by filling out a Grievance Form. If the problem is with the Program Director, they may bring their concern to the attention of the Executive Director by filling out a Grievance Form.

The Program Director and/or the Executive Director will investigate any allegations brought forth by clients and will respond to the clients as appropriate. Both the client's Grievance Form and the Director's Grievance Response are filed in the Monthly Reporting Binder.

Staff: ____ **Date:** ____________________

Client: ____ **Date:** ____________________

THANK YOU FOR COMPLETING THE CLIENT INTAKE AT THE ALI FORNEY CENTER!

<u>INTAKE DAY AND TIME</u>

Please let staff know what day and time you are available to complete the intake process!

MONDAY	9:00AM , 2:00PM & 5:00PM
TUESDAY	9:00AM & 2:00PM
WEDNESDAY	9:00AM & 5:00PM
THURSDAY	9:00AM & 2:00PM
FRIDAY	9:00AM & 2:00PM
SATURDAY	2:00PM
SUNDAY	2:00PM

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Please take a minute to answer some questions about your Sexual Health.

ALL OF YOUR ANSWERS ARE KEPT CONFIDENTIAL.

Please answer honestly and to the best of your knowledge. Thank YOU!

Have you had sex with? (select all that apply)	**In the past 5 years:**	**In the past 6 months:**	**If yes, select all that apply**	**Without a condom?**
Ciswomen	☐ No ☐ Yes ☐ Chose not to respond	☐ No ☐ Yes ☐ Chose not to respond	☐Vaginal ☐Anal ☐Oral	☐ Yes ☐ No
Cismen	☐ No ☐ Yes ☐ Chose not to respond	☐ No ☐ Yes ☐ Chose not to respond	☐Vaginal ☐Anal ☐Oral	☐ Yes ☐ No
Transgender Women	☐ No ☐ Yes ☐ Chose not to respond	☐ No ☐ Yes ☐ Chose not to respond	☐Vaginal ☐Anal ☐Oral	☐ Yes ☐ No
Transgender Men	☐ No ☐ Yes ☐ Chose not to respond	☐ No ☐ Yes ☐ Chose not to respond	☐Vaginal ☐Anal ☐Oral	☐ Yes ☐ No
Gender non-conforming, non-binary, or questioning persons?	☐ No ☐ Yes ☐ Chose not to respond	☐ No ☐ Yes ☐ Chose not to respond	☐Vaginal ☐Anal ☐Oral	☐ Yes ☐ No

Have you ever….

Been diagnosed with hemophilia/coagulation disorder?	☐ No ☐ Yes ☐ Chose not to respond
Received a blood product or transplant?	☐ No ☐ Yes ☐ Chose not to respond
Had a body piercing from an unlicensed piercer?	☐ No ☐ Yes ☐ Chose not to respond
Had a tattoo from an unlicensed artist?	☐ No ☐ Yes ☐ Chose not to respond
Lived with someone who had Hep C?	☐ No ☐ Yes ☐ Chose not to respond
Had chronic hemodialysis?	☐ No ☐ Yes ☐ Chose not to respond
Been exposed to blood or body fluids while at work?	☐ No ☐ Yes ☐ Chose not to respond
Snorted drugs?	☐ No ☐ Yes ☐ Chose not to respond

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