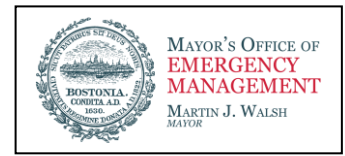


# City of Boston Emergency Shelter Intake Form



Family/ Household Name	
Pre-Disaster Address (including Unit Number)	
Primary Contact Phone Number	
Identification Verified (if none, write none)	
Primary Language Spoken	
English Spoken or Understood? (Y/N)	
Total Number of Registered Family Members	

Is anyone in your household currently required by law to register with any city, state or other government agency for **ANY** reason?  Yes  No

Is there anyone in your household who will need additional assistance related to dietary, medical or physical needs?  Yes  No

Do you have a pet that will need sheltering as well?  Yes  No

**If you answered YES to any of these questions, please see a shelter staff person immediately.**

<b>Family Member Information</b> (use back of page for additional names)							
Last Name	First Name	Age	Gender (M/F)	Cell Phone	Required Registration	Relocation Info	Additional Info (medications, special needs, pets, etc)

I acknowledge that I have read, or been read, and understand the City of Boston Shelter Rules and agree to abide by them.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shelter Intake Staff Signature

\_\_\_\_\_  
Date

<b>For Internal Use Only</b> <b>Rev 02/12</b>	
<b>Shelter Name</b>	<b>Incident Name</b>
<b>Copy Distribution:</b> 1. Shelter Registration 2. Client (if requested)	