

The Burlington Area Homeless Shelter

123 N Marshall

Burlington, Iowa 52601

Policies and Procedures

Mission:

Our mission at the Burlington Area Homeless Shelter (BAHS) is to provide shelter and support to those who have become in need of temporary housing in Burlington and the surrounding areas, while maintaining the dignity and respect of these persons.

BAHS provides meals, shelter, budget and personal goal planning, household assistance, and a Homeless Bag Outreach Program. The staff at BAHS partner with those in need to establish themselves as self-supporting and successful members of the community.

All services provided by our non-profit organization are available to all people without bias of race, color, religion, sex, national origin, age, sexual orientation, or any other characteristic protected by law.

Policies:

1. All residents are required to have a valid photo ID issued by the state of Iowa, as we are funded purely by donations from our local community and surrounding areas, as well as Burlington/West Burlington Area United Way.
2. People with disabilities will be treated on an individual basis. People with disabilities are required to be able to seek at least part time employment and housing.
3. The house is a smoke-free environment, no smoking, vaping or chewing in the shelter. Smoking, vaping and chewing areas are provided outside on the back patio, the side porch and the front porch and may be used between 6:00am and 10:00pm. Ensure that doors are locked when you come in any door. Smoking and vaping in the shelter will set off the smoke alarms.
4. **Residents are required to be out of the shelter from 9:00am to 1:00pm or 12:00pm to 4:00pm Monday-Friday to job seek, apply for social service programs and/or look for housing. Residents may take a sack lunch with them or go to Salvation Army for lunch or eat here before they leave or when they return. The Salvation Army serves lunch daily at 11:30am. If you work 2nd or 3rd shift, curfew will be adjusted to accommodate work schedule.**
5. **Residents are required to actively work on solutions to their circumstances (employment, social services, housing, etc.) during their stay at the shelter. Residents will meet with staff on a regular basis to go over goals, budgets, work and housing options so they are prepared when it comes time to exit the shelter. Throughout your stay here we will have**

to have a copy of all your income statements, company payroll, cash work, and of child support, fines and all bills you have acquired.

6. You must fill out work search papers on the sign-out table and return one every day to the staff until you find employment.
7. Put your name on any food or snacks you purchase, and a staff member will tell you where you may store it.
8. **The use or possession of alcohol, drugs, or weapons is forbidden while residing at the shelter. Anyone found in possession or under the influence of alcohol or drugs will have their stay at the shelter terminated and will not be permitted to return. You may be asked to do a random drug test, if you refuse, you may be asked to move out.**
9. Fighting (verbal or physical) with staff and/or other residents will not be tolerated.
10. **Curfew is 10:00pm, and no one will be allowed in after curfew except if they are working. If you do not return to the shelter by 10:00pm, then you have chosen to forfeit your room/bed. If you choose to violate this 10:00pm curfew, your personal belongings need to be picked up the next day between 9am and 12 noon.**
 - a. **The only exception to this policy will be in the event of a resident's work schedule. In order for a work exception to be granted, a copy of the resident's work schedule from their employer, must be presented to shelter staff in advance, if the work schedule is not presented to staff, staff have the right to call your employer to verify your work schedule.**
 - b. **If you are scheduled to be off work prior to 10:00pm and need to work later you must call BAHS at 319-754-6791 no later than 9:30pm and discuss with the staff on duty and show your hours reflecting these increased hours. Residents will not be allowed to stay out overnight for any reason other than work.**
 - c. **Residents must remain inside the building between the hours of 10:00pm and 6:00am, unless going to work. And must be in their rooms by 10:00pm.**
11. Parents are responsible for the supervision, care, and discipline of their children. Children must be with parents **AT ALL TIMES** while at BAHS. BAHS or its staff are not responsible for children and at no time will the staff act as babysitters.
12. Verbal and/or physical abuse of children or adults is prohibited.
13. Health issues and medication will be disclosed to the staff during intake interview. All medication will be kept in your possession. It is the resident's responsibility to maintain control of their medication at all times.
14. **Residents are expected to keep their room clean and tidy. Staff reserves the right to enter and inspect rooms unannounced at any time. Any contraband or rule violations discovered in your room may terminate your stay at the shelter.**

15. Any damage to shelter property must be reported to staff immediately.
- 16. In addition to keeping bedrooms neat, it is also expected that you will help keep the kitchen and other common use areas neat and clean. You will be expected to work with other residents to keep the upstairs common areas, including bathrooms, clean on a daily basis.**
17. The shelter is not responsible for any resident's property at any time.
- 18. At no time are you allowed to be in another resident's room. If you need to speak with staff regarding another resident, please speak with staff privately.**
19. The shelter can help with bus tokens and or if needed a taxi. If you are having medical issues that require you to go to the hospital/ ER an ambulance will be called to transport you to the hospital.
- 20. No visitors are allowed inside the shelter.**
 - a. The only exception to this policy is appointments with social services organizations, which must be scheduled in advance through BAHS staff.
 - b. Residents may be picked up and dropped off at the shelter provided the person providing the ride does not enter the building.
21. Residents without cell phones may use the office phone number only for obtaining employment information, social services, medical appointments and housing. The office phone is a business line and will not be used for personal calls unless it is an emergency.
22. Lights out is at 11:00pm. This is "quiet time" in the shelter. All televisions, radios, laptops, or other media devices will be turned off at this time. There are other residents in the shelter, and the noise and lights can be a disruption. Headphones are permitted and recommended if listening to music or watching media on phone, computer, etc.
23. No food or drink is permitted outside of the kitchen. Residents are allowed a bottle or glass of water in their room. There is to be no other food or drink in the bedrooms except for water.
24. Upon leaving the shelter you are required to sign out on the form located downstairs by the back door. Upon arriving at the shelter, you are required to sign back in.
25. Snack time is for snacks. You are allowed to heat up a plate in the microwave. Do not prepare a full meal.
26. You must rinse your dishes and put in the dish drainer for staff to load the dishwasher of all dishes you have used during meal and snack time. You must clean up after yourself and your children.
27. BAHS does not accept sex offenders as we serve families with children. Single men and women are eligible to stay at the shelter. You will be asked to verify that you are not a sex offender, and

you will be asked to sign a form stating that you are not a sex offender. If it is discovered that you have been deceptive the police shall be notified immediately.

28. On your final day at the shelter, we ask that you strip bed linens and take them to the basement area along with any towels or wash cloths you have used during your stay. Please return any and all laundry baskets loaned to you during your stay. Additionally, you will vacuum and sweep your room, take out your trash and make sure you have all your items. Any items discovered in your room after departure from the shelter will be disposed of, unless they appear to be sentimental or important items.

29. If any law enforcement agency ever comes to the shelter for any reason we will provide any and all information requested and will cooperate fully with the agency.

30. You must be responsible for your room key during your stay. You must return your room key when you move out. Failure to return your room key upon leaving could be considered theft and reported to the Burlington Police Department.

31. If for some reason a resident's stay is terminated it is our policy to have two police officers here during the process.

32. You will be asked to sign a form stating you understand and will abide by the policies and procedures. A signed copy will be retained in your file for use in the event of violation of these rules.

33. Residents are not to answer the doors to anyone or let anyone in the doors at any time, not even another resident. This is for staff to take care of.

34. Residents are to have something on their feet at all times, shoes, slippers or socks.

35. If you don't follow fire alarm protocol you are subject to being asked to leave. When the alarms go off you are to immediately go out the front door to the sidewalk area until all clear.

SIGNATURE PAGE

I _____ have read and understand all of the policies of

Print Full Name

Burlington Area Homeless Shelter, and have been provided with a copy of these policies. I understand violation of any of these policies will be cause for my immediate removal from the Shelter. I also understand that Sex Offenders are not allowed in the Shelter and by signing below I attest that I am not a sex offender, not only in IOWA but anywhere. I also understand that if I am found to be a sex offender the Burlington Area Homeless Shelter will call Law Enforcement.

I also understand that any shelter staff has authority to request a urinalysis or breathalyzer at any time, and failure to comply will be grounds for immediate removal from the Shelter.

I have disclosed all criminal background and all information regarding jail or prison stays to the staff of the Burlington Area Homeless Shelter.

Additionally, as I enter the Burlington Area Homeless Shelter, I give permission for the Staff of Burlington Area Homeless Shelter to search my baggage, my person, and/or any other item that I bring into the Shelter at any time as long as I reside here.

Any illegal item such as drugs, alcohol, or weapons of any kind will be confiscated and reported to the Burlington Police Department and you will end your residence at the Shelter.

SIGNATURE

DATE

STAFF MEMBER

**BURLINGTON AREA HOMELESS SHELTER
RESIDENT INTAKE APPLICATION**

STAFF COMPLETING INTAKE INTERVIEW _____

DATE: _____ **ROOM#:** _____

PHONE NUMBER: _____

NAME: _____

DATE OF BIRTH: _____ **AGE:** _____ **MALE** _____ **FEMALE** _____

VALID IOWA PHOTO ID: _____ **MARRIED** _____ **SINGLE** _____ **DIVORCED** _____

WHY ARE YOU HOMELESS: _____

HAVE YOU STAYED AT THE SHELTER BEFORE: _____

HOW LONG HAVE YOU BEEN IN THE COMMUNITY: _____

DO YOU HAVE CHILDREN: _____ **IF YES HOW MANY:** _____

DO YOU HAVE CUSTODY OF YOUR CHILDREN: _____

IF NO WHERE ARE CHILDREN AND DO YOU HAVE VISITATION:

DO YOU PAY CHILD SUPPORT: _____ **AMOUNT** _____

DO YOU RECEIVE FIP: _____ **HOW MUCH** _____

DO YOU RECEIVE FOOD STAMPS: _____ **HOW MUCH** _____

DO YOU HAVE A VEHICLE: _____ **MAKE:** _____ **MODEL** _____

YEAR _____ **COLOR** _____ **LICENSE PLATE NUMBER** _____

INSURANCE COMPANY: _____

ARE YOU A VETERAN: _____

DO YOU HAVE A DIAGNOSED DISABILITY: _____

DO YOU RECEIVE DISABILITY BENEFITS: _____

HOW MUCH AND WHEN: _____

HAVE YOU BEEN IN JAIL: _____

HAVE YOU BEEN IN PRISON: _____

ARE YOU ON PROBATION: _____

ARE YOU ON PAROLE: _____

WHO IS YOUR PO: _____ **PHONE** _____

DO YOU HAVE ANY PENDING CHARGES: _____

DO YOU HAVE ANY OPEN WARRANTS: _____

ARE YOU A SEX OFFENDER: _____

ARE YOU CURRENTLY EMPLOYED: _____ **FULL TIME/PART TIME** _____

WHERE _____

SUPERVISOR _____ **PHONE NUMBER** _____

WORK HOURS _____ **DAYS OFF** _____

HOW OFTEN DO YOU GET PAID _____

IF NOT CURRENTLY EMPLOYED, ARE YOU ABLE TO WORK AT LEAST PART TIME:

_____ **IF NO, WHY NOT** _____

WORK HISTORY: _____

EMERGENCY CONTACT: _____ **NUMBER:** _____

WHO: _____ **ADDRESS:** _____

MAY STAFF TALK TO THIS PERSON ABOUT YOU: _____

ANY ADDITIONAL INFORMATION: _____

BACKGROUND CHECK COMPLETED FOR WARRANTS: _____

STAFF SIGNATURE: _____

DATE ENTERED: _____ **DATE LEFT:** _____

TOTAL NIGHTS: _____

REASON FOR LEAVING: _____

ABLE TO RETURN: _____

COMMENTS: _____

FORWARDING ADDRESS: _____

Kitchen Hours and Rules

Breakfast on Weekdays **6:00am-9:00am**
(fix your own)

Breakfast on Weekends **7:00am-10:00am**
(fix your own)

Lunch **Take a sack lunch or**
Monday-Friday **Salvation Army serves**
lunch at 11:30 daily

Lunch (fix your own) **11:00am-1:00pm**
Saturday & Sunday

Supper (staff prepare) **5:00pm-6:00pm**

Snack **8:00pm-9:00pm**

- ❖ **If you are working a night shift you will be afforded an opportunity to eat upon your return from work. All remaining food from the evening meal will be placed in the refrigerator and you are welcome to heat-up**

whatever you want.

- ❖ All residents are expected to help keep the kitchen clean. Sweep/mop, clean tables and counters, stove cleaned, dishes washed, dried and put away, takeout trash. Wipe up spills in refrigerator and microwave.**
- ❖ You may get a drink when thirsty during day/evening, however kitchen is closed at 9:00pm. You may have a bottle of water in your room.**

Laundry Rules

Laundry may be done between the hours of 8:00am and 5:30pm

Monday	Bedroom #2
Tuesday	Bedroom #3
Wednesday	Bedroom #4
Thursday	Bedroom #5
Friday	Open with staff permission
Saturday	Open with staff permission
Sunday	

Bedroom #1

- ❖ **Clean laundry area after use. This includes the lint trap in the dryer.**
- ❖ **Remove laundry as soon as it is completed.**
- ❖ **No laundry is to be started after 5:30 pm, and has to be done by 8pm.**
- ❖ **Do not overload the machines.**
- ❖ **Do not touch other people's laundry, any discrepancies should be taken to staff.**

If you are not able to do your laundry on your scheduled day, you can get permission from staff to do it at another time.

B.A.H.S Mental Health Consultation

1. Please tell us about any mental health diagnosis you have ever received from a medical professional?
2. Do you have any mental health symptoms that have not been diagnosed (e.g. anxiety, depression, paranoia, etc.)?
3. What are your triggers?
4. Why do you think they are triggers?
5. What do you need to remind yourself to stay in control when you are confronted with this trigger?
6. Have you previously had substance use issues in the past?

7. Do you currently have substance use issues?

8. If yes, do you want/ need assistance with sobriety?

9. What can B.A.H.S and its staff do to help you with substance use issues?

Additional Notes:

Completed by:

Date:

PERSONAL GOAL PLAN

Resident Name _____ Date they came to the Shelter _____

Employment status: _____

First planning meeting (one week after arrival)

Goal: _____

Comments: _____

Staff Signature: _____

2nd PLANNING MEETING (Three Weeks After 1st Meeting)

Goal from 1st meeting: _____

Employment status: _____

If not employed why, and what can be done to change it: _____

How much money have you saved (if working): _____

New Goal: _____

Comments: _____

Staff Signature: _____

3rd PLANNING MEETING (Three Weeks After 2nd Meeting)

Goal from 2nd meeting: _____

Employment status: _____

If not employed at this point may be asked to leave.

Money saved: _____

Have you been looking for housing; do you need help with rent or deposits?

Yes___ No___

Where have you looked and do you have a date in mind for move in: _____

Have you worked on a budget with a staff member? Yes___ No___

What can we do to help you reach your goals for leaving the shelter: _____

Comments: _____

Staff Signature: _____

FINAL MEETING (2 Weeks After 3rd Meeting)

Have you met your goals while at the shelter: _____

Do you have a place to move to when you leave the shelter: _____

If you have not been able to find a place to live have you made arrangements to stay with someone or move to a different shelter: _____

Why do you think that you have been unable to find work and/or save money while you were at the shelter: _____

Comments: _____

Staff Signature: _____

BUDGET

INCOME	
Income Sources	Monthly Net Income
Total Income	

RECURRING EXPENSES	
	Monthly Expenses
Phone	
Food	
Transportation	
Meds	
Fines	
Cigarettes/Vape	
Total Expenses	
Rent	
Utilities	
Water/Sewer/Trash	
Cable/Internet	
Laundry	
Household Items	
Total Expenses	

One-Time Expenses	
Deposit	
Furniture (couch, bed, table, TV)	
Dishes, silverware, cookware, glasses	
Total Expense	

TOTAL RECURRING EXPENSES	
MONTHLY NET INCOME	
DIFFERENCE	

Pay Dates	Savings