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# SAFE HOUSE ADMISSION FORM

Date........................................ File No…......................................

BASIC INFORMATION:

Surname.................................................

First Names.............................................

ID Number..............................................

Date of Birth...........................................

Age/Estimated Age.....................................

Cellphone Number...................................................

Date of Arrival........................................................ Time of Arrival.....................................

Total Admitting (if accompanied by children)...........................

Names and Ages of Children....................................................................................................

Last Permanent Address..........................................................................................................

IF EMPLOYED

Name of Company/Organisation........................................................................................

Physical Address..................................................................................................................

Telephone Number..............................................................................................................

Referral Details (if client is referred from a partner organisation)

Referred by............................................................................

Telephone..............................................................................

Have you ever been offered shelter here before?..........................................................

Do you have any skills you would like to nurture?............................................................

IN CASE OF EMERGENCY CONTACT:

Surname..................................................

First Names..............................................

Relationship..............................................

Address...................................................................................................

Cell/Tel Number.................................................

HISTORY OF ABUSE

Any special medical needs: ………………………………………………………………………

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* Client’s Full Name...............................................................................
* Client’s Signature...............................................................................
* Date.....................................................................................................
* Admitting staff’s Signature..................................................................
* Date.....................................................................................................

Organization Stamp:

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