



Family Welcome Home Packet

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Dear Family,

We want to congratulate you on moving into your new home. As you are beginning your move in process, Knowledge and Education For Your Success, Inc. (KEYS), an affiliate of the Housing Authority of the County of San Bernardino will be assisting you. Our role is to temporarily support you in the transition into your home. We will meet with your family to assess your household needs and link you with a Welcome Home Team. Welcome Home Teams are faith and/or service based organizations who are volunteering to assist you with furnishings for your home. Throughout the process KEYS will also provide you with resources for case management, individual and/or family therapy, and other resources as they arise and if they are able.

After the Welcome Home Team has met with you, provided you with your household needs, and you have been linked with supportive services, KEYS will follow up for any more needs you may have. We will provide you with a letter of completion and discuss your feedback of our services. You will also have the option to mail a thank you letter to your Welcome Home Team for helping you in this transition.

Again we are happy to be a part of this exciting experience to help you find permanent housing. We are here to serve you and if you have any questions or concerns, please feel free to contact me at (909) 890-5336.

Sincerely,

Amber N. Hearn, MFTI
KEYS Nonprofit Intern
Affiliate Nonprofit of the Housing Authority of the County of San Bernardino
672 S. Waterman Avenue, San Bernardino, CA 92408
ahearn@keysnonprofit.org
909-890-5336



Family Intake Form and Household Needs List

Family/Individual Name: _____

Telephone: Home: _____ Cell: _____

Proposed New Address: _____

Total Number in Family: _____

Do you have transportation day of move in? (please check) Yes No

Family Names with Clothing/Shoe Sizes

Name	Age	Gender	Shirt Size	Pant Size	Shoe Size

HOUSE SIZE

Kitchen Size	Living Room Size	Dining Room Size	Bathroom Size	Bedroom Size	Number of Bedrooms

<u>Advocate/Case Manager Information:</u> Name: <u>Amber N. Hearn</u> Agency: <u>KEYS Nonprofit</u> Telephone Number: <u>(909) 890-5336</u> E-mail: <u>ahearn@nonprofit.org</u>	<u>Welcome Team Leader Information:</u> Name: _____ Welcome Home Team Site: _____ Telephone Number: _____ E-mail: _____
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PLEASE NOTE: There is no guarantee that requested items will be provided by the Welcome Home Team.



HOUSEHOLD LIST (2 PAGES)

KITCHEN

BEDROOM(S) #__

Items	Quantity Requested	Quantity Provided by Welcome Home	Items	Quantity Requested	Quantity Provided by Welcome Home
Pots/Pans			Clothes Hangers		
Baking Sheets			Pillows (new)		
Toaster			Twin Mattress Sets		
Coffee Maker & Filter			Twin Sheet Sets		
Dishware			Twin Blankets		
Utensil & holder			Twin Bed Frames/Bed		
Glassware			Queen Mattress Sets		
Coffee Mugs			Queen Sheet Sets		
Hot Pads/Mittens			Queen Blankets/Comforter		
Cooking Utensils			Queen Bed Frames		
Trash Can			Laundry Basket		
Dish Drain/Rack			Dressers		
Hand/Dish Towels/Cloths			Drawer Liners		
Microwave			First Aid Kit		
Manual Can Opener			Iron & Ironing Board		
Appliances			Alarm Clock		
Other			Other		

KNOWLEDGE & EDUCATION YOUR SUCCESS

KEYS

LIVING/DINING ROOM

Items	Quantity Requested	Quantity Provided by Welcome
Clock		
Couch/Futon		
Table w/Chairs		
Storage/Display Cubes/Shelves		
Coffee/End Table		
Lamps(s)		
Curtains/Blinds		
Other		

CLEANING SUPPLIES

Items	Quantity Requested	Quantity Provided by Welcome Home Team
Broom & Dust Pan		
Paper/Cleaning Towels		
Toilet Brush/ Plunger		
Sponges/Scrubber		
Wet Mop/Bucket		
Glass Cleaners		
Tile/Toilet Cleaner		
Dish Soap/Detergent		
Other		

BATHROOM

Items	Quantity Requested	Quantity Provided by
Towels/toilet paper		
Wash Cloths		
Shower Curtain & Liner		
Bath Mat		
Waste Basket		
Adult/Child Toothbrush		
Other		

SPIRITUALITY

Affiliation/Preferred Church	Church Involvement	Transportation Needed



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I _____, along with my family agree to the following boundaries and responsibilities and authorization to release confidential information while working with KEYS and the Welcome Home team. I understand that KEYS and the Welcome Home Team are volunteering their time, resources, and energy to help me transition into a permanent home.

As part of this complimentary service, I agree to the following:

- Meet with my KEYS case manager as needed until I have received transitional services and referrals to meet my needs. This may or may not include calls to school district for education purposes, social service agencies, medical clinics for support, and/or other supportive service agencies to assist me and/or my family in my transition.
- Contact my KEYS case manager if I have questions regarding other supportive services.
- Inform KEYS case manager of household items that I receive from programs outside of the Welcome Home Team as they pertain to my move in so that we do not duplicate items.
- Participate and assist the Welcome Home Team to help my family move in.
- Agree for Welcome Home volunteers to move items into my home and agree to talk to Welcome Home Leader by phone or in person before and/or at time of my move in to help assess my needs.

I will not

- Ask or receive any money directly for my family for any reason if not given through KEYS or a church/service organization. All monetary and personal donations should go through the referring agency.

I have read and I understand my boundaries and responsibilities above and will do my best to adhere to these for myself and family members.

Name: _____ **Date** _____

Signature: _____ **Date** _____



PHOTO RELEASE FORM

I (Client's name), _____ hereby authorize Knowledge, Education for Your Success (KEYS), its representatives, and/or employees permission to take photographs of me and/or my family and my property.

I agree that KEYS may use such photographs with or without my name and for any lawful purpose, publicity, illustration, advertising, and Web content. I understand that these pictures will not be used for sale but for the above purposes listed.

I also understand that a cancellation or modification of this authorization must be done in writing.

Please check the box below that you prefer:

- ☐ I do NOT give permission to use my pictures under any circumstances
- ☐ I DO give permission to use pictures of myself and/or children.
- ☐ I DO give permission to use my pictures and first name only and those of my children.

Client/Responsible Adult Signature Date

Minor Signature (under 18 years) Date
(Optional)

Service Provider Signature Date