

Program Description

Twin Oaks Shelter for the homeless, a Community Action Program located in the Township of Darien, provides up to 60 days of emergency shelter and case management to qualified individuals and/or households. The goal of the program is for individuals/households to achieve housing stability as quickly as possible after shelter entry.

The program will attempt to accomplish these goals by: (1) providing shelter; (2) providing case management services; (3) assisting participants in identifying clear short and long-term goals that will lead to housing stability; including but not limited to housing, employment and budgeting; (4) identifying and/or coordinating access to mainstream resources.

Program Requirements

- Head of household must be 18 years of age or older
- Complete a background check notification - The program is unable to accept individuals with a history of sexual offenses or violent criminal acts. Background will be verified.
- Must be able to verify homelessness or imminent risk of homelessness upon program acceptance
- Must lack sufficient resources/support networks to assist in providing housing

Enrollment Process

When a suitable room becomes available, Twin Oaks Shelter Staff will attempt to contact applicant at the phone number(s) and/or email address(es) listed within the contact information section of the referral. If the applicant does not respond within 24 hours of the initial contact, the spot will be offered to the next person on the waiting list. The applicant will remain on the waiting list and another attempt will be made when another room becomes available. If after the second attempt there has been no contact, the applicant's name will be removed from the waiting list.

Once you are contacted for an opening, staff will work closely with you to determine your eligibility.

At this time, you will be asked to provide:

- Verification of Age (driver's license or State ID)
- Verification of homelessness or imminent homelessness
- Last 30 days of income (check stubs, social security, child support, W-2 award letters, etc.)
- Social security numbers of all household members

Staff Contacts

James Stahl, Twin Oaks Shelter Manager	262-882-3662	jstahl@community-action.org
Sara Hollatz, Twin Oaks Shelter Case Manager	262-882-4143	shollatz@community-action.org
Fax number	262-882-4142	
Address: W9665 Hwy. 14 Darien, WI 53114		

Shelter Service Request Contact Form

Do you need reasonable accommodations for us to provide services to you, including filling out this form? _____

Accommodations needed: _____

Translations assistance needed? _____ Preferred Language: _____

Household Members (List everyone living in your household, related and unrelated)

Self								
Last Name	First Name	Middle	Relationship to HOH	Gender	Disabled	Race & Ethnicity	D.O.B.	Age

Head of Household Contact Information (Please check which ones are safe to contact)

Phone Number: _____

Call

Text

Voicemail

Email: _____

Current Address: _____

Where are you staying tonight? _____

Are you currently fleeing domestic violence, sexual assault, and/or human trafficking? _____

TWIN OAKS SHELTER
BACKGROUND CHECK NOTIFICATION

Adult Household Member: _____ Birth Date: _____
 Print First Middle Last Name

Adult Household Member: _____ Birth Date: _____
 Print First Middle Last Name

Adult Household Member: _____ Birth Date: _____
 Print First Middle Last Name

I hereby authorize Community Action, Inc. and Twin Oaks Shelter to complete a background check for all adult members of my current household as part of the application process for services at Twin Oaks Shelter. I understand this authorization is for the purposes of determining eligibility for services and compliance with the policies and procedures of Twin Oaks Shelter.

I understand individuals convicted of a violent or sexual crime are not eligible for services at Twin Oaks and the background check is a required part of the intake process. I also understand failure to complete and return this document will result in an incomplete intake application for services and a delay in accessing services or being placed on the waiting list.

I further understand that if, as a result of this background check, I am not be eligible for program services I will be notified.

_____	_____
Adult Household Member Signature	Today's Date
_____	_____
Adult Household Member Signature	Today's Date
_____	_____
Adult Household Member Signature	Today's Date
_____	_____
Staff Signature	Date

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____