

Oroville Winter Emergency Camp

Oroville Housing Authority

PO Box 1242

Oroville, WA 98844

(509) 476-3059 fax (509) 476-4404

HOUSING REGISTRATION and CAMP RULES

You must present valid photo identification to register

Name: _____

Phone Number: _____

Cell Phone: _____ Driver License No.: _____

Date of Birth: _____

Other Identification: _____

Vehicle: Yes No, if yes, Make _____, Color _____, Year _____

Employed? Yes No

Emergency contact: Name _____ Phone _____

Answering the following questions will assist in directing resources where they are needed most. Thank you

Is this the first time you are homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where did you stay last night? <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing Program <input type="checkbox"/> Other			
Have you or anyone in the household been continuously homeless for a year or more? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Circumstances that Caused Your Homelessness (check all that apply)			
Housing & Economic	System & Legal	Health Issues	Family Conflict
<input type="checkbox"/> Job Loss/unemployment	<input type="checkbox"/> Discharged from hospital or other medical facility	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Eviction/Loss of housing	<input type="checkbox"/> Discharged from criminal/juvenile justice system	<input type="checkbox"/> Physical health/disability	<input type="checkbox"/> Guardian mental health/substance abuse
<input type="checkbox"/> Lack of job training/ unable to work	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Family Rejection/Kicked out
<input type="checkbox"/> Lack of childcare	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Illness	<input type="checkbox"/> Abuse/Neglect

Source(s) of Household Income and Benefits (check all that apply)			
Public Assistance/Benefits		Employment	Other
<input type="checkbox"/> TANF	<input type="checkbox"/> VA	<input type="checkbox"/> Part time	<input type="checkbox"/> None
<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Full time	<input type="checkbox"/> Panhandling
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Farm/seasonal	<input type="checkbox"/> Relative/friends
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Soc. Sec.	<input type="checkbox"/> Under the table/informal	<input type="checkbox"/> Other

Medical Information: Do you suffer from any of the following? (Check all that apply)

_____ Heart Problems _____ Allergies _____ Seizures
 _____ Asthma _____ Diabetes _____ Other _____

Current Medications: _____

Do you have an EpiPen _____ For what medical problem or allergy? _____

Do you have an inhaler? _____ For what medical problem or allergy? _____

Do you need insulin? _____ For what medical problem? _____

Please contact the Oroville Housing Authority's main office special accessible accommodations.

Oroville Winter Emergency Camp

The nightly fees that persons pay to stay at the Oroville Winter Emergency Camp do not cover its operating costs. The operating costs are subsidized by Okanogan County. Without this subsidy the Camp could not exist.

The Okanogan County Commissioners want to reduce and prevent homelessness. To meet this objective, persons staying at the Camp are required to meet with an Okanogan County Community Action Council case worker. The purpose of this requirement is to assist persons in securing permanent, safe and decent housing. Initially, the meetings will be once a week.

I acknowledged that meeting with an OCCAC case worker on a regular basis is a requirement of my stay at the Oroville Winter Emergency Camp.

Signature

Print Name

OWEC Rules

For the safety and welfare of the persons staying at the Camp the following rules will be enforced.

RESPECT THE OWEC STAFF: Being disrespectful and /or abusive to the OWEC staff or OHA staff will be cause for the immediate termination of your stay at OWEC.

WEEKDAY CHECK IN: M-F 6PM-6:30PM (Except Federal Holidays) Please check in at the Camp office everyday Monday through Friday, even if you are already registered. Checking-in assists us verifying who is staying at the Camp for the night. You may also pay for additional nights at this time.

ALCOHOL AND DRUG USE: Please do not let your consumption of alcohol, use of marijuana or illegal drugs come between you and a safe warm place to sleep, because it will.

The possession and/or consumption of alcoholic beverages, marijuana or illegal drugs are not allowed anywhere on the OWEC property, including the parking lot. Washington State's Initiative 502, which decriminalized recreational marijuana, was voted into law in November 2012. However, I-502 does not preempt federal law. The possession and use of marijuana are still against US federal law. The OWEC must adhere to federal law.

TRAILER CHECKS: All trailers will be subject to bed checks and routine room inspections by staff. All trailers will be subject to search at any time by staff and/or Okanogan County Sheriff and or drug dog.

ILLEGAL ACTIVITY: It is our goal to provide residents with safe, sober and drug- free housing. There shall be no use of or trafficking of illegal substances, marijuana, alcohol or firearms. There shall be no prostitution or recruitment for such a purpose. The Camp is a WEAPON FREE Zone. No B-B guns, slingshots, knives with blades greater than 3 ½ inches in length, firearms or fireworks may be brought on to the site. This is for your own protection. The Police will be called if any weapons are found. The weapons will be confiscated. Return of the weapons can be worked out with the police.

FIRE SAFETY: No burning. Burning incense or having lit candles in the trailers is not allowed. The possession or storage of propane is prohibited on site.

SMOKING: Smoking is not permitted in any of the trailers or within 25 feet of trailer doors. All smoking materials must be properly and safely discarded in the available receptacles.

LIMITATION OF LIABILITY: The Oroville Housing Authority (OHA) shall not be liable for any injury or damage to persons or property sustained by themselves or others, in and about the premises, except to the extent that such injury or damage was caused by the acts or omissions of OHA or its agents.

VIOLENCE / THEFT: Violence or theft against others will not be tolerated. All persons staying at the Camp must respect the privacy of others. Padlocks are not provided for the security lockers. You are responsible to provide your own lock. However, the Camp reserves the right to search lockers at any time.

NOISE: Radios, televisions, stereo equipment, musical instruments etc. shall be played at reasonable volumes and must not disturb other residents at any time. Absolutely no noise audible outside a trailer is permitted. Quiet hours are 10 pm to 7 am. Screaming and yelling will not be tolerated at any time, even if it is at a family member or domestic partner. The police will be called at the first hint of domestic violence.

KITCHEN: The kitchen is open 24 hours a day. Persons staying at the Camp are responsible for cleaning up after themselves before leaving the kitchen. The kitchen is for persons registered at the Camp only.

COOKING: All cooking is to be done in the kitchen. The Washington State Department of Health prohibits cooking or preparing food in the sleeping trailers because there is no water for washing hands and cooking utensils. Keeping hotplates, electric frying pans, toasters, or any other small appliance in the trailer is prohibited.

LAUNDRY: Laundry room is open 24 hours a day. Please wipe up any spilled soap. Clean out lint filters in dryers after each use. Report broken machines to the Camp staff immediately. No shoes or other heavy items are to be washed or dried in the machines. The laundry room is for persons registered at the Camp only.

NO PETS: No pets, including service or companion animals. No Paws Left Behind will take pets at no charge on a space available basis. Call No Paws Left Behind at 509-476-2991 for more information.

NO GUESTS: There will be no guests of any kind, no persons may be on the premises that are not registered and have paid the bed fees paid to stay at OWEC. No exceptions.

MAIL: Mail cannot be delivered to the Camp or OHA office. To receive mail, a person may sign up for a Post Office Box at the Post Office or receive general delivery at the Post Office if someone is unable to afford a PO Box.

GARBAGE: Trailers and the surrounding area must be maintained in clean and sanitary conditions. Garbage is to be tightly secured and placed in the dumpster. Always close the dumpster lid.

MAINTENANCE AND REPAIRS: Call 509-322-6653 to report emergency repairs. Report any damages or needed repairs to your trailer or common areas to the Oroville Housing Authority office at 509-476-3059.

CHORES: All persons staying at the Camp will be expected to keep trailers clean and organized. Chores will be assigned by staff on a weekly basis. The chore list will be posted in the kitchen. Chores will be monitored by the staff. Chores to be completed properly and in a timely manner.

I have read the "Rules" and understand that I must comply with the rules throughout my stay at the Oroville Winter Emergency Camp. I understand that failure to comply with all rules will be grounds for my immediate discharge from the Camp.

I understand that by giving a copy of my picture ID that management and other agency will use this to verify my status. I certify that all information is true and correct to the best of my knowledge. I do not object to any investigation to verify such information.

I am willing to stay here at my own risk.

Signature

Date

FOR OFFICE USE ONLY

Date: _____ Time: _____ Received By: _____

Photo ID _____ Referring Agency, if any _____

Person will be staying until the morning of _____ Amount Paid \$ _____

Run the National Sex Offender Public Register (NSOPR):

- Go to www.NSOPW.gov.
- Click "Search for Sex Offenders".
- Read conditions of use and click "I agree".
- Enter the displayed Captcha code in the space provided and click "Continue".
- Enter last name, then first name in the appropriate marked boxes (suggest using all capital letters). NOTE: Do NOT use the advanced search option.

Review and complete required actions:

- Verify the first and last name are spelled exactly as they appear on their government-issued ID.
- Are there any names listed? If so, write a note beside each name stating how that name is ruled out from being the person you are checking. If you can see that the name listed is not the person you are checking, just underline the difference and write "different name", "different age", or "picture doesn't match." If the information on the list matches your person, you must click on the name to open up the detailed information. Look for a different birth date, middle name, or picture, and note the difference next to the name on the printed list. NOTE: Address cannot be used to rule someone out, except when it says they are currently incarcerated.
- If you determine that the applicant is the person on the sex offender list, deny them access to the Camp.**
- Destroy all printed background documents

Applicant not on Sex Offender list _____.