

# **Request for Re-Entry**

If requesting re-entry to Jackson Interfaith Shelter and it has been less than one year since you previously stayed, please complete this form in full, answering all questions thoroughly. The third page, which is a list of other shelters in southern Michigan, is for you to keep. As there is the potential you will be unable to stay at JIS at this time, you are encouraged to actively pursue other sheltering options in addition to filling out this form.

Na	me: Call back #:							
SSI	N: DOB:							
	You may submit the completed form by:							
	<ul> <li>Dropping off at Jackson Interfaith Shelter – 414 S. Blackstone St. Jackson, MI 49201</li> <li>Emailing to <u>atalie@interfaithshelter.com</u></li> <li>Faxing to 517.817.1960</li> </ul>							
1)	Why did you leave JIS the last time you stayed?							
2a)	If you left in a non-positive way, looking back, what could you have done differently?							
2b)	What will you do differently next time to ensure a positive stay?							
3)	What constructive decisions and progress have you made since you left JIS?							
4)	Are there certain steps you think you should take before being able to return to better ensure a successful stay?							

5) Please complete the attached questionnaire (page 3) and return it with this document.

JIS staff will do its best to ensure you receive a decision no later than three business days of submitting this form.

This side is to be completed by staff only.

# **Decision**

Notes from Incident Reports:  Notes from Progress Plan:  Other Notes:  Allow Re-Entry: Yes No  If no, what do they have to do before they reapply?  1)  2)  3)  4)  On what date can they reapply?  If yes, what must they do before their intake?  1) Complete and sign Re-Entry Accountability Agreement  2)  33	Date(s) of Recent Stays	Duration	Reasons for Leaving
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3)	2)		
$A \setminus A$	4)		



Other (Please Explain)

IS Initial Questionnaire

DOB:

	JACKSON in les fail h SHELTER	010	Tudan	Juestonium	CSC Check: Cleared	Can't Stay		
	200-8 TOAR INT.				Call Back #:			
	Name:	Date:		ider:	Children with them?	res No		
1)	Have you ever stayed at I	nterfaith Shelter befor	e? <b>Yes</b>	No	If yes, list names and a	ages.		
	If yes, where did you go a	fter exiting the shelter	previously	/?	Name	Age		
2)	Where did you sleep last							
3)	What has led you to your							
4)	) Do you have anyone in your support system? If yes, please list their name. Family:				Children joining later?	Children joining later? Yes No		
	Friends:	If yes, list names and a	If yes, list names and ages.					
	Caseworker:				Name	Age		
	Church Family:							
5)	Are you able to fully care Stand up, sit down, and w Independently use the res	valk without assistance		No				
	Take the correct amount of Shower on your own?		ght time o	n your own? Yes	No Please note the follow	ving:		
6)	Are you currently employ	ed? <b>Yes No</b>				_		
	If no, are you willing to seek employment? Yes No					<ul><li>Must arrive at scheduled time.</li><li>All items must fit in a tote.</li></ul>		
	If no, why not?	☐ Shelter is congrega	ate living so					
7١	•	n Jackson County? V	es No		•	you will have roommates.  □ Check in procedures:		
,, 8)	, , , , , , , , , , , , , , , , , , , ,				o Items sorted t			
•	Return each evening by 8pm (unless at your job). Yes No				they are allow  o Shower upon a			
	Shower daily. Yes No	<ul><li>Clothes washe</li></ul>						
	Do not drink alcohol or us	o Items heat tre	ated.					
	Follow Service Hours daily from 9am-4pm. (You can only be in the shelter for approved reasons.) Yes No							
9)	Can you sleep on a top but If no, why not:	unk? <b>Yes No</b>						
10	) How long would you antic	cipate needing to resid	e at Interfa	aith Shelter?				
	1 night	– 1 week	1 week –	1 month	More than 1 month			
11)	) What resources do you th	nink you need to move	forward?					
	Recovery	Childcare	Birt	h Certificate	Disability			
	Mental Health	Food Stamps	Soc	ial Security Card	A Phone			
	Housing	State ID/License	Emp	oloyment	Doctor			

# Southern Michigan Shetters

# <u>Jackson</u>

#### **AWARE**

Domestic Abuse Shelter 706 W Michigan Ave. Jackson, MI 49201 (517) 783-2861

Domestic abuse treatment center.

# **Ann Arbor**

**Shelter Association-Ann Arbor** 

312 W Huron St. Ann Arbor, MI 48103 (734) 662-2829

### **Interfaith Hospitality Network**

4290 Jackson Rd. Ann Arbor, MI 48103 (734) 822-0220

Can house up to six families at a time.

#### **SA - Staples Family Center Shelter**

3660 Packard St. Ann Arbor, MI 48108 (734) 761-7750

# **Lansing**

#### **Haven House**

121 Whitehills Dr.
East Lansing, MI 48823
(517) 337-2731
Shelter for parents with

Shelter for parents with children.

#### **VOA/New Hope Center**

430 N. Larch St. Lansing, MI 48912 (517) 484-4414

Houses men and women, NO CHILDREN.

#### Hannah's House Inc

625 N Walnut St. Lansing, MI 48933 (517) 482-5856

#### **City Rescue Mission of Lansing**

2216 S Cedar St. Lansing, MI 48910 (517) 485-0145

#### **Gateway/Crossroads Teen Shelter**

2875 Northwind Dr # 105 East Lansing, MI 48823 (517) 882-7217 For youth ages 12-20.

#### **Loaves and Fishes**

831 N Sycamore St. Lansing, MI 48906 (517) 482-2099

Adults only. Overnight Shelter (5:00pm-9:00am)

## **Battle Creek**

#### **Haven of Rest Ministries**

11 Green St. Battle Creek, MI 49014 (269) 965-1148

#### **Battle Creek Homeless Shelter**

209 E Michigan Ave. Battle Creek, MI 49014 (269)309-6143

Day Shelter: Adults 6:30 am - 10:30 pm

Overnight Shelter: (Men Only) 10:30 pm-6:30 am

# **Other Cities**

#### **Samaritas Family Center**

30600 Michigan Ave. Westland, MI 48186 (734) 721-0590

Houses parents with children. (No single adults)

#### **SIREN House**

Homeless Assistance – Scattered Sites Eaton County, MI (517) 543-0748

Serves homeless and domestic violence victims.