

**CAMP UNITED WE STAND  
INTAKE AND POLICY ACCEPTANCE FORM**

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender \_\_\_\_\_ Preferred pronouns \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Do you have any special needs or physical limitations to accommodate? Yes \_\_\_ No \_\_\_

If yes, list \_\_\_\_\_

Do you have pets with you? Yes \_\_\_ No \_\_\_ (Species, #, name(s) \_\_\_\_\_)

Are any pets certified support animals? Yes \_\_\_ No \_\_\_

Are you on any lists for housing assistance? Yes \_\_\_ No \_\_\_ Do you own or possess a motorized vehicle? Yes \_\_\_ No \_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License plate \_\_\_\_\_

Do you currently work? Yes \_\_\_ No \_\_\_ Do you attend school? Yes \_\_\_ No \_\_\_

Optional but Helpful: Goals for housing and public assistance:

\_\_\_\_\_

Do you have a case worker? Yes \_\_\_ No \_\_\_ (If no, would you like to connect with one? Yes \_\_\_ No \_\_\_ Maybe \_\_\_)

Have you lived in other legal encampments? Yes \_\_\_ No \_\_\_ (Name and city: \_\_\_\_\_)

How did you hear about CUWS? \_\_\_\_\_

Before becoming unhoused (most recent event), in what city and state did you live? \_\_\_\_\_

THE CAMP MAINTENANCE FEE IS \$50 (\$40 for Vets) EACH MONTH DUE ON THE 1<sup>st</sup> CAMP MEETING OF THE MONTH. THERE IS A LATE FEE OF \$5, AN EXTRA SECURITY SHIFT, OR OTHER DUTIES ASSIGNED. ELECTRIC POWER WILL BE CUT OFF AFTER SECOND MEETING AND RESIDENT CAN NO LONGER VOTE. THE PAY OR LEAVE DATE IS THE LAST MEETING OF THE MONTH.

\_\_\_\_\_ (Initial) AS A RESIDENT SIGNING THIS FORM I ACKNOWLEDGE RECEIVING AND READING A COPY OF THE CAMP RULES, CODE OF CONDUCT AND I AGREE TO ADHERE TO ALL RULES, POLICIES, AND PROCEDURES AND PAYMENT OF THE MONTHLY MAINTENANCE FEE.

CAMPER Signature \_\_\_\_\_ Date \_\_\_\_\_

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Executive Committee Member: Complete this section before move in. (Email CUWS Board President a copy of this form and a picture of the ID with blocked out ID number.)

Warrant check completed? Yes \_\_\_ No \_\_\_ Registered sex offender check completed? Yes \_\_\_ No \_\_\_

License / ID type checked: Driver's license \_\_\_ Other \_\_\_\_\_ State \_\_\_\_\_

Intake issuer EC \_\_\_\_\_ Date \_\_\_\_\_