



Shelter Client Information Temporary Registration Form

This form should only be used when there is NO connectivity to enter client information directly into the Shelter Client Information Application (SCIA). It collects information necessary to support shelter site management and is not intended to be a data collection form for SCIA. Once SCIA is available, each household should be re-interviewed to directly enter the necessary information. Information collection for the Demographics, SRT and CMIST modules should not be completed until SCIA is available. This form should be destroyed once SCIA is in use.

When the client arrives, warmly welcome them to the shelter and ask if they have any immediate needs. Inform them that you will be collecting a very limited amount of information, and once our registration system is online we will re-interview them to collect additional information needed to more effectively serve them and aid their recovery.

Question to ask each household:

Is there anything urgent that you or your family need right now, or in the next 6-8 hours? This may include medications, diapers or baby feeding, or other support for a health, mental health, disability, or other condition.

Does anyone in the household have environmental or other high-risk allergies? (circle): Yes No

If yes, ask "How would they normally remain safe in a new environment?" _____

Does anyone in the household have dietary needs for health, religious, or cultural reasons? (circle): Yes No

If yes, record details for each family member _____

Does anyone in the household have food allergies? (circle): Yes No

If yes, record details for each family member _____

Is anyone in the household accompanied by service animal(s)? (circle): Yes No

If any client identifies immediate needs make a referral and record in the shelter referral log.

Arrival Date and Time		Language(s) spoken other than English
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Head of Household	Last	First	Room/Cot
Email	Phone		

Additional Family Member Name (Last, First)	Age Identifier	Room/Cot
	<input type="checkbox"/> Infant <input type="checkbox"/> School-Aged <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
	<input type="checkbox"/> Infant <input type="checkbox"/> School-Aged <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
	<input type="checkbox"/> Infant <input type="checkbox"/> School-Aged <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
	<input type="checkbox"/> Infant <input type="checkbox"/> School-Aged <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
	<input type="checkbox"/> Infant <input type="checkbox"/> School-Aged <input type="checkbox"/> Adult <input type="checkbox"/> Senior	

Number of Animals by Type: Dog ____ Cat ____ Small Animal ____ Reptile ____ Bird ____ Other: ____ **Total Pets:** ____

Pet Location(s): ☐ Co-Located ☐ Off Site Partner Location ☐ Other: