



Good Samaritan Shelter Intake Form

Family Name (Last Name)	Total family members sheltered: <input style="width: 30px; height: 20px;" type="text"/>	Total family members registered: <input style="width: 30px; height: 20px;" type="text"/>
Pre-Disaster Address (City/State/Zip): Post-Disaster Address (if different) (City/State/Zip):	Primary Language: If primary language is not English, please list any family members who do not speak English.	
Home phone: _____ Cell Phone/Other: _____		

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Arrival Date:	Departure Date:	Departing? Relocation address and phone

Medical Needs

Are you or anyone in your family experiencing any of the following symptoms (Circle Yes or No):

Fever: Y/N Nausea: Y/N Vomiting: Y/N Diarrhea: Y/N Prolonged Cough: Y/N Rash: Y/N

Are you or anyone in your family on any medications for Tuberculosis (TB)? Y/N

Shelter Staff Use Only:

Complete this form on all shelter occupants (single occupants and one form per family). If any of the above responses are yes or occupants develop any of these symptoms, please call Public Health Epidemiology at 229-352-4275 Ext. 6502. After hours, call District Epidemiologist Jacqueline Jenkins at 229-854-4558 (cell). Please notify us when it is decided that the shelter will close. We will pick up the forms.