

**EA Emergency Family Shelter  
Receipt of Uniform Shelter Program Rules**

**Please read the statement carefully. Then sign, print, and insert today's date.**

By signing, I confirm that I received a copy of the Uniform Shelter Program Rules. I understand that my family will have to follow the Uniform Shelter Program Rules when we are in shelter. I also understand that, if my family does not obey the rules, my family may be terminated from shelter.

Adult Signature: \_\_\_\_\_ Adult Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Adult Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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**For Staff Use Only:**

By signing, I confirm that I gave the person(s) named above a copy of the Uniform Shelter Program Rules in their preferred language (or with a language access form if we don't have a version in their preferred language) and verbally informed the family that all families in shelter must comply with the Uniform Shelter Program Rules. I also informed the family that they may be terminated from shelter if they do not obey the rules, and that refusal to sign the receipt will not result in an exemption from the rules.

Check if the person(s) named above declined to sign this form.  
(If you check this box, please print their name(s) in the space(s) above.)

Staff Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_