

Mission Outpost



PRINCE
OF PEACE

Community Resource Center 13801 Fairview Drive Burnsville MN 55337 952-898-9394

Dear Potential Participant,

During this difficult time, we are here to help. Mission Outpost offers help through a network of supportive volunteers. These volunteers are here willingly and without pay to come alongside you through a relationship, offering their time while you resolve current issues causing instability in your life.

Our volunteers have been screened and approved and are ready to walk alongside adults who are experiencing a temporary crisis. (If you are a family with children and are in crisis, we can refer you to Salvation Army's "Pathway of Hope" program.) Adult participants who have reached out to Mission Outpost are striving to resolve struggles such as: actively seeking housing solutions, being overwhelmed after divorce or death of loved one, stabilizing after a health crisis, navigating meeting basic needs while living on fixed income, caught in cycle of paycheck to paycheck living which has led to financial crisis.

We would love to connect you with a volunteer guide who will come alongside you while you are working on your goals to be in a stable place for you and your household. We want to make sure you have a support system to be available to just talk or meet with you in person to support you where you're at.

Mission Outpost volunteers are interested in helping short-term; they are not seeking to develop long-term commitments. Participant commitments within Mission Outpost can last anywhere from a month to six months as long as the participants continue making progress on their goals.

Volunteers would like to help and be a support to you. It is important to know that you are not participating in a formal case management program, nor do we offer financial assistance to resolve your crisis. We are informal support similar to an aunt or uncle from whom you are asking for supportive help while you get back on your feet.

In order to get started, intake paperwork needs to be completed as well as additional forms giving written permission to Mission Outpost to connect with any providers you are working with. Once a volunteer match is found, we will make arrangements to introduce and connect you for support. We hope you will consider participating in the Mission Outpost program. Mission Outpost volunteers will do what they can to help you get back on your feet. Call us to get started at 952-898-9394.

Sincerely,

Mission Outpost Community Resource Center Team



Participant Rights

1. You are making this support arrangement voluntarily. You have a right to request to end the relationship whenever you like, please just let us know. Should you change your mind and desire supportive relationship through Mission Outpost in the future, you are welcome to call again at any time.
2. You have a right to have information regarding you and your household kept confidential, though please note that information will be shared as needed amongst the team of approved volunteers supporting you and with the Mission Outpost staff team. Your intake application, any self-assessments and Mission Outpost volunteer and staff notes about their time with you, are kept and stored on a secure online database. You may request to see a copy of these records.
3. You have the right to know that all Mission Outpost staff are mandated reporters of suspected abuse and neglect.

Participant Expectations

1. During intake, you will complete a brief self-assessment and be asked about your short-term goals. You will review these documents with Mission Outpost Staff and any other approved volunteers you have been connected to in order to clearly establish expectations. These goals will be reviewed regularly to determine the next steps.
2. You will commit to connecting regularly (ideally weekly), by either phone or in person, with your assigned volunteer and any supportive resource volunteers you have been connected to for the duration of the support time. This may include meeting at Mission Outpost or in public places, whatever you are both comfortable with.
3. If there are other professionals, therapists or agencies working to support you or your household, we encourage you to agree to information sharing between Mission Outpost and that agency so we can work as a team to best support you and your household. Please fill out an Authorization for Release of Information form if this applies.
4. You are responsible for updating Mission Outpost staff and any approved volunteers supporting you as soon as possible with any important changes such as phone number, address, or new information about your situation.
5. It is expected that you will address the issues that led to this support arrangement. This may include services, treatment, housing assistance and the like that are offered in your community. If it becomes apparent that you are not addressing issues or are involved in services, Mission Outpost support arrangements may end.

If you have any questions or concerns, please contact Mission Outpost staff to inform them. If your assigned volunteer cannot address your question or concern, Mission Outpost staff are typically available Monday-Thursday from 9am to 5pm.



PARTICIPANT INTAKE

GENERAL INFORMATION

Total Number of People Living in your Household: ___ [65+ Senior ___ 18-64yrs ___ Children ___]

Participant 1:

Name _____ DOB ____/____/____

Address _____ City/State/ZIP _____

Landline: _____ Cell Phone: _____

Email: _____ Preferred Method: Call Text Email

Race/Ethnicity: _____ Language(s) Spoken: _____

Religious Preference: _____ Gender Identity: _____

Marital Status: Single, Partnered, Married, Separated, Divorced Military Service: Yes No

Participant 2:

Name _____ DOB ____/____/____

Address _____ City/State/ZIP _____

Landline: _____ Cell Phone: _____

Email: _____ Preferred Method: Call Text Email

Race/Ethnicity: _____ Language(s) spoken: _____

Religious Preference: _____ Gender Identity: _____

Marital status: Single, Partnered, Married, Separated, Divorced Military Service: Yes No

Children in your custody (identify if sole or joint custody):

Name _____ Age _____ M/F _____ Grade _____

Name _____ Age _____ M/F _____ Grade _____

Name _____ Age _____ M/F _____ Grade _____

Name _____ Age _____ M/F _____ Grade _____

Children not in your custody:

Name _____ Age _____ M/F _____ Grade _____

Name _____ Age _____ M/F _____ Grade _____

EDUCATION/WORK EXPERIENCE

Participant 1:

Highest level of schooling completed: GED HS Diploma Some College College/Trade School
Specialized training or certificate _____

Current Employer _____ Occupation _____

Work Location/Phone: _____

Previous work experience: _____

Participant 2:

Highest level of schooling completed: GED HS Diploma Some College College/Trade School
Specialized training or certificate _____

Current Employer _____ Occupation _____

Work Location/Phone: _____

Previous work experience: _____

MEDICAL/MENTAL HEALTH HISTORY

Participant 1:

Do you have a medical or mental health diagnosis? Yes No Describe _____

Are you in current need of medical treatment? Yes No

Are you in current need of mental health treatment? Yes No

Do you have a history of drug or alcohol use? Yes No Describe _____

Are you in current need of drug or alcohol treatment? Yes No

Participant 2:

Do you have a medical or mental health diagnosis? Yes No Describe _____

Are you in current need of medical treatment? Yes No

Are you in current need of mental health treatment? Yes No

Do you have a history of drug and alcohol use? Yes No Describe _____

Are you in current need of drug or alcohol treatment? Yes No

SOCIAL SUPPORT INFORMATION

Please share any extended family members, close friends, or neighbors nearby that are a support to you.

Name	Relationship

Which public assistance/service do you currently receive, or have you received in the past 5 years?

SNAP MFIP WIC SSI Energy Assistance Emergency Assistance
 Public Healthcare Childcare Assistance Other: _____

Are you currently working with any other supportive agencies or case workers? Yes No

If yes, please provide Name and Contact Information: _____

Have you ever been involved with child protective services? Yes No

If yes, when and what services were received: _____

Have you ever been involved with domestic violence services? Yes No

If yes, when and what services were received: _____

Have you ever been charged with a crime? Yes No If yes, were you convicted? Yes No

If yes, when and what was the charge? _____

Have you been incarcerated? Yes No

Do you have pending court hearings? Yes No Describe _____

Would you like referrals for any of the following needs (please circle):

Employment	Spiritual Support	Transportation	Reading/Literacy	Medical	Immigration
Housing	Counseling	Donations/Supplies	Legal	Drug Treatment	Help with Child/Grandchild
Education	Support/Mentor	Meals/Food	Financial	Job Search	

EXPERIENCES

I have had these experiences:

Abused Alcohol	Mental Health Counseling	Suicidal Thoughts
Domestic Violence	Physical Abuse	Drug Usage
Financial Problems	Sexual Abuse	Victim of Crime
Homelessness	Rape	

I struggle with these emotions:

Anger	Depression	Fears
Anxiety	Emptiness	Guilt
Hopelessness	Nervousness	Overwhelmed
Loneliness	Sadness	

GOALS AND STRENGTHS

What is your reason for seeking support from Mission Outpost?

What are your primary goals to be in a place where you feel that you can be stable?

Goal 1: _____

Goal 2: _____

Goal 3: _____

What personal attributes, strengths, or resources do you have that will be helpful in achieving your goals?

I acknowledge that I have provided this information voluntarily, truthfully and to the best of my ability.

Participant Signature

Date

INTAKE NOTES

Impressions:

Recommendations:

Intake Worker's Name: _____



PARTICIPANT AGREEMENT

Dear _____ (assigned volunteer),

I, _____ (participant), residing at _____ (location), am the voluntary participant in this program and accept for you to act as my guide beginning _____ (date to start). I anticipate I should be in an increasingly stable position by _____ (estimated end date-*may not exceed 6 months*) at which time this agreement will end unless I ask, and you are willing to allow, this agreement to continue.

I pledge to use this time to work on the necessary changes to be in an improved, more stable position. This specifically refers to situations that led me to seek support from you. I acknowledge that you are offering this help out of a spirit of generosity and compassion and that you are not being paid for this act of kindness. Thank you so much for helping me at this critical time.

By signing this document, I agree that no promises are made to me regarding results, benefits and/or outcomes. Mission Outpost staff and volunteers will strive to do their/its best under the circumstance to assist me with my goals and needs. I agree that by signing this document myself and/or my household acknowledges that Mission Outpost, its staff, and volunteers are held harmless from any and all liability to myself and/or my household.

I also agree, on behalf of myself and my household, that none of us will hold any of the involved parties (including Prince of Peace Lutheran Church, Mission Outpost, assigned volunteers and supporting resource volunteers) responsible or liable for any injuries, death or other losses including financial losses or damages of any kind that I or the rest of my household may suffer or incur arising out of or related to our participation or involvement with Mission Outpost program, your actions or omissions or this agreement.

Emergency Contact should be contacted if I cannot be reached or am in perceived harm.

Name _____ Relationship _____

Phone _____ Address _____

Email _____

Permission to Participate in Outcome Follow-Up Surveys

I grant permission and consent to Mission Outpost staff or volunteers to contact me for the purpose of participating in outcome surveys that will measure how Mission Outpost has impacted my life, and my satisfaction with Mission Outpost. I understand that I may be contacted by phone and/or email.

Yes, I agree to participate and to be contacted for outcome surveys _____ (initials)

No, I do not agree to participate and to be contacted outcome surveys _____ (initials)

My signature affirms my agreement with all the statements above except those where I had the ability to opt in with my initials.

Participant #1 Signature

Date

Participant #2 Signature

Date

Witnesses. I saw the participant sign this document. Then I signed this as a witness in the presence of the participant.

Mission Outpost Staff

Date

Assigned Volunteer

Date

Mission Outpost



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OPTIONAL AUTHORIZATION FOR RELEASE OF INFORMATION

Participant's Name: _____ Date _____

I hereby authorize the release of information from Mission Outpost to the following individual and/or agency and respectively from the individual and/or agency to Mission Outpost.

Individual/Agency Name: _____

Individual/Agency Address: _____

Individual/Agency Phone Number: _____

Describe the records to be released: _____

(Please note that Mission Outpost will not release information received from third parties. Requesting individuals and agencies will need to request third party information from the third party directly.)

I understand that this information obtained will be treated in a confidential manner by the receiving individual/agency.

This authorization is valid from: _____ to _____. *(6 months maximum)*

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Participant Signature

Date