



CHARLOTTE COUNTY HOMELESS COALITION, INC.

Partner Agencies:

The Charlotte County Homeless Coalition (CCHC) opened our new Safe House Emergency Homeless Shelter, located at 1476 Kenesaw Street, Port Charlotte, FL 33948, in December of 2008. Since the Shelter's Grand Opening more than 400 individuals and families have been provided case management and safe shelter while they work towards regaining their independence.

The Shelter currently houses thirty-two men and ten women in the main quarters and up to five families (up to 5 persons in a family).

In order to assist your agencies discharge planners and case managers, we would like to share some basic information about the rules and procedures of the facility.

- CCHC does **New Client Intakes** only on: Monday – Friday 10:00 am – 2:00 pm. No clients will be accepted to the facility for Intake other than these times (no exceptions).
- The Safe House Shelter is a **dry facility**. CCHC has a zero tolerance policy for the use or possession of alcohol and/or drugs.
- CCHC's Staff and facilities are not equipped to care for clients with **severe untreated mental illness or severe physically/developmentally disabilities requiring assisted care**. Shelter clients must be able to perform their own personal care and must be coherent of their surroundings (i.e. knowledge of date, place, name, etc.)
- Clients are required to participate in case management and are also required to be off property between the hours of 8:00 am - 4:00 pm Monday – Friday. On Saturday and Sunday, the Shelter is open for clients to remain at the facility, and they are not required to leave during those two days.
- The Safe House Shelter offers a 60–Day Program, provided clients abide by rules and regulations of the program.

If your agency is working with a client who is being discharged into homelessness, please call (941) 627-4313 to check on bed availability and client appropriateness. To refer a client, please complete the attached form and fax to CCHC at (941) 627-9648 for an intake appointment. Thank you for your cooperation and for the work you do to support those in need in our community.

1476 Kenesaw Street, Port Charlotte, FL 33948
Mailing Address: P.O. Box 380157, Murdock, FL 33938
941 627 4313 Fax: 941 627 9648
www.cchomelesscoalition.org





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**Safe House Shelter
Referral Form**

Name of Person referred: _____ Date: _____

Date of Birth: _____ M/F _____ SSN: _____

I authorize to disclose information to: _____

Referred by:

Name of Person or Agency: _____

Signature of Person: _____

Address of Person – Agency: _____

Relationship to Client: _____

Number of people seeking shelter (ages): _____

Contact Phone Number: _____

Special Medical Requirements: _____

Ability to leave facility 8AM – 4PM (Mon-Fri) _____

Does the client have a place to stay tonight? Yes _____ No _____

When will client need shelter? _____

What is your reason for leaving your current place? _____

Where have you most recently been staying? _____

Does client have Valid Identification? Yes _____ No _____

**The Client must bring ID and Social Security Number to the appointment.
The Client must be sober at the time of the appointment.**

Appointment Date & Time: _____ Shelter Personnel Signature: _____

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