

WELCOME HOME HOUSING

Client/Resident Policies and Procedures

Admission Agreement and Application Form

(Section 6)

Admission Criteria

Client has a primary diagnosis of Schizophrenia, Delusional Disorder, Psychotic Disorder NOS, Bipolar Disorder, recurring Major Depression, Schizoaffective Disorder, OCD or Anxiety Disorders including PTSD:

- Client requests admission to the program and is willing to accept services
- If a client has a history of drug or alcohol abuse, the Executive Program Director must first approve admit
- Client must be able to manager own medications as prescribed by a doctor
- Client must agree to work the program as described in the Admission Agreement
- Client cannot be on conservatorship unless recommended by conservator's office as a final step to getting off conservatorship
- If a client has a history of arson, sexual crimes or other major felonies, the WHH representative must first approve admit

Applications

Potential residents are to be required to be interviewed by the Executive Program Director and one other organization representative.

Alcohol and Illegal Drug Usage

The usage of alcohol, illegal drugs, and medical marijuana is strictly prohibited within the resident homes and in any area which is the organization's responsibility. Residents with prior alcohol and drug use must be sober for a minimum of six months to be considered for residency. Only medications prescribed by a doctor with a prescription (medical marijuana excluded) are permitted.

Cooking Coaches

Cooking coaches will be provided to any resident who needs assistance in preparing a meal.

Discharge Criteria

The purpose of this program is to move people from board and care and family homes, etc. to independent living if the client desires it. It is recognized that not all clients are capable of or are interested in living totally independently, but are capable of being partially independent with support. It is the intent of WHH to provide safe, affordable and long term housing with supportive services. Therefore to be discharged:

- Client requests to be discharged
- Failure to pay program fees
- Client has violated one of the rules outlined in the Admission Agreement

Documentation

At a minimum, the organization will maintain on record a resident's Application, signed Admission Agreement, Emergency Contact Information, and names and phone numbers for resident's doctor, caseworker and clinic. All documentation concerning a resident is to be kept in the resident's file and held by the Executive Program Manager.

Duties

Resident duties will be outlined and performed as specified in the Admission Agreement and may be changed with the agreement of the Executive Program Director and the Board.

Eviction Reasons

Residents may be discharged from the program for any number of reasons outlined in the Admission Agreement which include, but are not limited to: non-payment of program fees, illegal activities, threatening behavior and failure to abide by the Admission Agreement. More specific guidelines are outlined in the Admission Agreement.

Eviction Procedures

Contact a real estate attorney specializing in evictions. Residents facing eviction will be given a 30-day notice if the residence has been for less than a year or a 60-day if the residence has been for more than a year, unless expedited procedures are required for safety reasons. See Admission Agreement.

Expectation of Resident Behavior

Residents are expected to maintain a semi-independent standard of living, be respectful of those around them, manage their own medications, attend house meetings and honor the confidentiality of their peers. More specific guidelines of behavior are outlined in the Admission Agreement.

Fire and First Aid Safety

Fire exits will be reviewed with residents. Chain ladders will be provided for all multi-story homes. Fire extinguishers and basic first aid kits will be available in each house.

Furnishings

Basic home furnishings, appliances, fixtures and utensils will be provided for residents. Residents who bring their own possessions will complete an inventory listing. Loaned items will also be listed in the signed Admission Agreement.

Guests of Residents

Residents will be responsible for the behavior of their guests. Prior approval from the Executive Program Manager and housemates will be obtained prior to guests staying. Curfew for guests will be decided by each home's residents.

Hiring Policy for Residents

There is no hiring of residents for reduction of program fees. Residents may be given a stipend to do specific jobs that they have expertise in such as teaching SacPort classes, or computer setup. The landlord may hire residents for jobs such as painting or gardening.

Medications

All residents will be responsible for the management of their own medications.

Meals and Food

Residents will be responsible for preparing all meals. Preparation of dinner meals will be rotated between residents. Shopping lists will be developed from menu plans provided by residents. Meal shopping will be completed on a weekly rotating basis. Cooking coaches will be provided to those who need it.

Privacy and Security

Locks on individual doors are provided. Residents are given a key to their own room and house entrance. Residents must leave bedroom doors unlocked when in their rooms. Residents are expected to maintain the privacy of housemates and be respectful of each other.

Prescreening/Interviews

The Executive Program Director will prescreen a prospective resident and the Executive Program Director and one other Welcome Home Housing representative will do the final interview and make the decision. (See Application)

Recreation Funds

Residents are not required, but are encouraged to attend extracurricular activities. The organization will do its best to provide recreational activities for residents. On occasion, the activities facilitated by the organization may be accompanied by a minimal cost for resident attendees.

Rent Collections

Residents are responsible for forwarding rent payments directly to the Treasurer or Executive Program Manager.

Rent Pricing

Rents are to be set by the Board. Rent pricing will be reviewed yearly by the Executive Program Director and Board and will be based on budget needs and resident's ability to pay. See website for current fees.

Rooming

Most residents have their own bedroom. One bedroom in Spartan and one bedroom in Quesada may be shared rooms at reduced rents.

Services

Resident services will include housing, utilities, washer, dryer, independent living guidance, cooking and cleaning instruction, referral to sources, and access to outside activities.

Waiting List

Separate male and female resident waiting lists will be maintained. Potential residents wishing to be added to the list may do so by contacting the Executive Program Director.

WHH Emergency Contact

The phone numbers of the Executive Program Director and House Mentors will be posted in the homes at all times.

**Welcome Home Housing
ADMISSION AGREEMENT**

I agree to the following:

A. PROGRAM:

1. Welcome Home Housing is a supportive environment. I agree to participate in planning and organizing the day-to-day operations of our home.
2. I will attend weekly house meetings run by staff to discuss on-going house business, any problems and any other items that pertain to the house or any of its residents. Each resident has a voice at these meetings and is expected to attend.
3. I will attend at least two days of activity a week such as education classes, self-help groups, community activities, volunteering, or work as established with my house and case managers.
4. I will manage my own medications and am encouraged to take them as prescribed by my doctor. I will talk to my doctor prior to any medication changes.
5. I will honor any personal contracts with my house or case manager.
6. I understand the Program will not tolerate any behaviors or language that is violent, threatening, or harassing to staff, program participants or neighbors.
7. I will honor the confidentiality of all my peers at all times. I will not divulge that they are consumers of mental health services, or anything about their history.

B. MONEY MANAGEMENT & RESPONSIBILITIES:

8. My Program Fees of \$_____ pays for my housing and utilities, groceries, paper goods, cleaning supplies and the services of our worker at the following house:
_____.
9. I will pay for my personal items or extra personal food from the grocery store separately, with my own funds. I agree to pay a fully refundable security deposit of \$300 to cover the cost of any damages that I, or one of my guests, may cause. I also agree to pay a refundable key deposit of \$15 and understand that I will be charged \$5 per replacement key that I may need during the course of my participation in the program.
10. I understand that my monthly Program Fees are due on the 1st and considered late after the 5th of the month by 5:00 p.m. If the 5th falls on a weekend or a Federal holiday, I will pay by the following workday by 5:00 p.m.
11. Late payments must be approved in advance of the 5th by the President or treasurer. I understand that I will be charged a \$15 per day late fee, to a maximum of \$30, if my Program Fees are not in the bookkeeper's office at 816 Elm St, Woodland, Ca 95695 by 5:00 p.m. on the 5th of the month. Checks and money orders should be issued to Welcome Home Housing and mailed to Lynn Smith at the address referenced above.
12. I agree to pay a \$15 fee if my bank returns my check for Non-Sufficient Funds (NSF).
13. I will give a 30-day written notice of intent to discontinue program participation. Credit will be given from the time the new program participant is in residence, up to 30 days. If I leave the program for circumstances beyond my control my programs fees will be credited or denied from the time I leave.
14. I will **not** borrow from or loan money or personal items to any WHH resident.
15. Vehicles must be operating, licensed and registered prior to arriving on the property. I must show a valid driver's license, and insurance to have a vehicle on the property. Vehicles will be towed at my expense if not in compliance at any time. Vehicles must be moved when I vacate.

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C. HOUSE

16. I will do assigned monthly chores such as cleaning, meal planning, preparation, and cleanup. See monthly chore list.
17. I will clean up after myself in all areas of the home, including my individual living space (bed, dresser, closet, etc). I will not take any food or drinks into my bedroom, except water. Food is to be eaten in the kitchen area only.
18. I will keep my clothing, towels, and bedding clean. I will also maintain good personal hygiene.
19. I will allow bedroom checks by my house manager. I also understand the entire property can be inspected. I will leave my bedroom door unlocked when I am inside the room.
20. I will treat all WELCOME HOME HOUSING furniture and household items respectfully and not remove them from the house. I am financially responsible for damages or losses to anyone's property as a result of my actions.
21. I will report house damage or unsafe conditions immediately to any staff member. I will conserve utilities by turning off lights, electric heaters, music and televisions when leaving a room. I will report concerns I may have about the safety, well-being and health of my housemates to staff.
22. I will use tobacco products only in designated **OUTSIDE** areas.
23. I will limit telephone calls to no more than 15 minutes, and not incur additional telephone costs. The phone will be returned to the holder immediately after use.
24. I will keep the volume of stereos and televisions down so they do not disturb others.
25. No pets, including fish, will be kept at Welcome Home Housing homes without written approval.
26. Children may visit the house overnight with prior written permission from the President or House manager and housemates.
27. I am responsible for the behaviors of my guests. I will get prior approval from my house manager and housemates for guests to have meals, or platonic overnight stays.
28. I will refrain from any sexual activity on the Program grounds.
29. If in a shared room, I understand that I can only store items that fit in my side of the bedroom in which I reside.
30. When I vacate, I'm expected to check out with the house manager and leave my room clean and orderly.
31. I understand that failure to comply with any part of the Agreement above may result in a discharge notice.

D. DISCHARGE POLICY:

Welcome Home Housing has an obligation to maintain a safe environment for residents. Residents may be asked to leave for any violation of the above and will be allowed to return only with permission of the house manager, or WHH President

32. Use of alcoholic beverages , marijuana or other illegal drugs on Welcome Home Housing-leased properties or abuse of medications, illegal activities or threats of such activities- including use, possession, or sale of illegal drugs or firearms, ammunitions, or weapons, or allowing visitors to bring these items on the property, or to remain on the property while under the influence of an illegal drug, marijuana or alcohol, or any other behavior that poses a threat to the physical or mental health and safety of others or their property, are reasons for the resident to be asked to leave **immediately**.

- 33. I agree to: Not use illegal drugs, including medical marijuana on or off the facility property. I agree not to bring illegal or street drugs into the facility or to drink alcoholic beverages or bring them to the facility. I understand that if I do drink alcohol or use illegal substances, I will be re-evaluated for appropriateness in the program and I could be asked to leave immediately without a 30 day notice.
- 34. If a resident fails to leave voluntarily, then eviction proceedings and/or a temporary restraining order will be sought.
- 35. Three-Day Pay or Quit Notices will be given to the house manager for residents who have not paid Program Fees by the 5th of the month at 5:00 p.m. Residents may use the "Delay of Payment" form to assist in the resolution of late program fees, if not, court proceedings will be initiated to have consumers pay or quit.

I understand that if I am asked to leave for failure to comply with any of the agreed upon conditions, I will not receive a refund. If I would like to appeal a decision I can call a Patient Rights Advocate, (916) 333-3800 or write Welcome Home Housing at 816 Elm Street, Woodland, Ca. One copy of this Program Agreement shall be given to the resident, one copy forwarded to the Welcome Home office.

I have read, or had the above read to me, and understand the rules and conditions described. I agree to abide by the above conditions. Program services and/or lease changes may result in residents being transferred to another home within the county after being given proper notice. Should any clauses or provisions of this agreement be deemed unlawful, unenforceable or invalid, it shall not affect any of the remaining provisions, which shall be given full legal force and effect nonetheless.

Date resident entered program	Date resident exited program	Date of discharge notice
Resident Signature & Date	House Manager Signature	Case Manager & Telephone

Items Loaned by Welcome Home

Item	Date	Condition (good, fair, bad)	Comments

Inventory of resident's property upon move-in: (furniture, TV, stereo, appliances, etc.)

Policy and Procedures for Discharge

A. Successful Discharge

Residents are responsible to let the house manager know if they are in the process of finding an apartment or house of their own. Residents at this point need to give the house manager their 30 day written notice. Residents are responsible to make sure that they remove all their personal belongings from their room and communal areas such as the kitchen, living room, laundry room and bathrooms. Before moving out, residents are responsible to schedule a checkout appointment with the house manager. At this time the resident is to turn his or hers keys and review the inventory sheet originally signed at the beginning of the program.

B. Unsuccessful Discharge

Residents living in the house less than a year who do not abide by this Semi Independent Living program Agreement will receive a 30-day eviction notice citing the terms and conditions violated by the resident or without cause. If the resident has lived in the home for more than a year, they will receive 60 day notice. In either case, there may be legal reasons for a quicker eviction notice. (see paragraphs 32 and 33) Residents are responsible to remove all their personal belongings within the time frame stipulated by the type of discharge notice given to them.

C. Personal Belongings and Storage Policy

Once a resident has been discharged, he/she is responsible for the complete removal of all personal belongings and property. If a resident leaves personal belongings, then a relative or friend names here _____ phone _____ will be contacted by the House manager to take your belongings from the property within 24 hours. If there is no one the staff can contact, then staff will pack for you. At this time, the housing staff will store your belongings for 18 days. **Items left after this time will be considered abandoned and will be disposed of.**

I UNDERSTAND AND AGREE THAT WELCOME HOME HOUSING AND TURNING POINT ARE NOT RESPONSIBLE FOR THE PROPER CARE OF MY BELONGINGS. I RENDER WELCOME HOME HOUSING AND TURNING POINT FREE OF ANY RESPONSIBILITY FOR ANY THEFT, DAMAGE OR LOST ITEMS. IT IS MY RESPONSIBILITY TO CONTACT THE HOUSE MANAGER TO MAKE ARRANGEMENTS TO REMOVE MY BELONGINGS FROM STORAGE. IF I FAIL TO MAKE ARRANGEMENTS WITHIN THE STIPULATED TIME, THE HOUSING PROGRAM WILL DISPOSE OF MY BELONGINGS ON THE 19TH DAY.

Resident's signature _____ Date _____

WHH staff member _____ Date _____

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RECEIPT FOR FUNDS RECEIVED ON _____

DEPOSIT \$ _____

KEY DEPOSIT \$ _____

RENT RECEIVED \$ _____

TOTAL \$ _____

AMOUNT DUE \$ _____

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Application for Welcome Home Housing Residents

NAME _____ Date of Birth _____

ADDRESS _____ SS# _____

PHONE # _____ CELL PHONE _____ email _____

CLINIC WHERE YOU ARE RECEIVING PSYCHIATRIC ASSISTANCE

Name & Address _____

Phone # _____

WORKER'S NAME _____ PHONE # _____

Doctor's name _____ phone # _____

Address _____

Family or Emergency contact name _____

Address _____

Phone # _____ relationship _____ email _____

Medications you are presently taking: _____

Diagnosis _____

May we contact your family, worker or Doctor in an emergency? YES _____ NO _____

May your Doctor and or worker discuss your health issues with us so we can work as a team? Yes _____ No _____

Income Sources

SSI- \$ _____ SSDI - \$ _____ VA- \$ _____ Pension \$ _____

JOB \$ _____. Employer's name _____

Phone # _____ Address _____

What are your interests, hobbies and/or goals? _____

What can WHH do to support you in your goals? _____

Do you need or want a cooking coach? Yes ___ No ___ Do you need or want a cleaning coach? Yes ___ No ___

Do you smoke? yes ___ no ___

Do you drink alcoholic beverages or do illegal drugs? yes ___ no ___ If yes, what, when and how often _____

Signature _____ Date _____