

# **WELCOME HOME HOUSING**

## **Policies and Procedures**

**Home Operations**

**Emergencies Instructions**

**Incident or Accident Procedure and  
Reporting Instructions**

**Resident Monthly Chores List**

**Good Neighbor Policy**

**(Section 7)**

**WELCOME HOME HOUSING**  
**Home Operations Policies and Procedures**

**08/30/2016**  
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**Access**

Residents will maintain their own keys for their bedroom and front door entry. The Executive Program Director will keep master keys to all locks. In an emergency, duplicate house and room keys are kept in a secure container at Picture Way.

**Alcohol and Illegal Drugs**

Alcohol and illegal drugs are strictly prohibited from the premises.

**Fire Extinguishers**

A fire extinguisher will be maintained in the kitchen of each residence and residents will be trained to use it by the Executive Program Director.

**Furnishings**

Residences will be fully furnished. Residents may bring in personal furnishings with the approval of the Executive Program Director.

**House Hours**

Restrictions on home hours will be at the discretion and agreement of housemates.

**Housekeeping**

Residents are expected to maintain the cleanliness of the residence with a rotating schedule of chores. Residents are responsible for keeping their own rooms neat and clean. Mentors will be available to those who need assistance.

**Internet Access and Cable**

Internet and cable will be provided within budget constraints.

**Landscape Maintenance**

Landscape maintenance will be determined by the property lease agreement held by the organization. Residents are responsible for watering lawns and keeping patios and front porches clean.

**Laundry**

Residents are responsible for doing their own laundry. Washers and dryers will be provided in each home.

**Noise Levels**

There are no noise restrictions other than general respect for each other and noise ordinances imposed by a local governing body. Residents may impose noise restrictions on housemates by mutual agreement.

**Separation of Sexes**

Separate homes will be maintained for females and males.

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**Size of Home**

Home must be at least a 4 bedroom, 2 bath residence to be considered for lease unless a smaller home pencils out with positive or a break even cash flow.

**Smoke Detectors**

Smoke detectors are installed in each bedroom and hallway. Batteries are to be changed at least once a year and immediately if they are beeping. Any replacement smoke detectors will have a 10 year lithium battery.

**Smoking**

Smoking is prohibited within the homes, but allowed in designated smoking areas outside and in garage areas.

**Telephone**

Telephone usage is limited to 15 minutes per call. Additional restrictions are at the discretion and agreement of housemates. All residents should remember to return the telephone to its base upon completion of a call.

**Temperature Regulations**

Air conditioning units will be kept at 78 degrees and heating units at 68 degrees during the day. At night temperatures are to be set at 78 for AC and 60 for heating. Thermostat boxes are to be tamper proof.

**Vehicles**

Residents are permitted possession of vehicles and are expected to park in the driveway or on the street. All vehicles must be licensed and the driver must have a valid driver's license and up to date insurance. Proof of all licensing is to be given to the Executive Program Manager and placed in the resident's file. Guests of residents are to park in the street.

## **TO BE POSTED IN EACH WELCOME HOME HOUSE**

### **WHAT TO DO IN AN EMERGENCY**

Address is: \_\_\_\_\_

Phone # is: \_\_\_\_\_

#### **PSYCHIATRIC: CALL 911.**

Tell them you are a group home for persons with mental illness and you need an officer to take someone to the county clinic. Describe behaviors. Make sure they know the person does not have a weapon!!!! Unless they do! Meet the officer outside.

Be aware that officers are often afraid of persons with mental illness and will over-react unless you remain calm. If a housemate is removed from the house, find out where they are taking them.

Have the officer call Debbie Coughlin, Executive Program Director . If no answer, Call your House Mentor \_\_\_\_\_

#### **FIRE: CALL 911.**

Get out of house or go into bedroom and close door behind you and climb out window. Do not open an inside door without touching it first to determine if the flames are near. If it's hot, find another exit. Meet house mates at front of the house by driveway.

#### **MEDICAL or ACCIDENT: CALL 911**

Describe the symptoms to dispatcher. Start CPR if necessary and you know how. If person is taken away, find out where they are taking them. See symptoms of stroke and heart attack on back. Call **Debbie Coughlin at 899-0151.**

#### **MINOR INJURIES:**

There is a first aid kit in your home with basic first aid supplies. Tell staff if you use something up and it needs replacement.

#### **BREAK INS: CALL 911.**

Describe situation. If person is in house, get out of house or lock your door, climb out of window to get out of house. Do not approach the person.

Report incident to **Debbie Coughlin at 899-0151.**

## WELCOME HOME HOUSING

<b>Incident or Accident Report Instructions</b>
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**To be filled out by whichever staff is contacted:**

1-Date and time of incident- resident and other person's involved. Address of anyone involved not living in house.

2- Exact location where it happened

3- Incident details

4- Details of how it occurred

5- Injury details – what part of body was injured – be specific

6-Witnesses – list names, addresses and phone #'s of all witnesses

7- Cause of incident or accident in your opinion

8-What action was taken?

9- What staff person was notified?

10-Indicate whether first aid was administered or what if any emergency services were notified.

11-Was Doctor seen?

12- Indicate Hospital or clinic name, address and phone# where participant was taken.

13-Indicate Dr's name, address, phone #

14 Indicate what corrective action could have been taken to prevent the situation from happening

15-Indicate corrective action recommended.

## Welcome Home Housing Accident/Incident Report

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Date reported to supervisor \_\_\_\_\_

Participant's name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Other person's involved \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Exact location of  
accident/incident \_\_\_\_\_

What was participant doing at the  
time? \_\_\_\_\_

How did the accident/incident  
happen? \_\_\_\_\_

Describe injuries and part of body  
injured \_\_\_\_\_

Names and contact information of  
witnesses \_\_\_\_\_

What was the apparent cause of the  
accident/incident? \_\_\_\_\_

What action was  
taken? \_\_\_\_\_

What emergency service, if any, was notified? \_\_\_\_\_

What staff person was notified? \_\_\_\_\_

Did participant go to the hospital? \_\_\_\_\_ Which hospital? \_\_\_\_\_

Name, address and phone# of Dr. and  
hospital \_\_\_\_\_

Corrective action  
taken \_\_\_\_\_

What might have been done to prevent the  
incident? \_\_\_\_\_

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

**WELCOME HOME HOUSING  
MONTHLY CHORE SCHEDULE FOR RESIDENTS**

**1 of 2**

**Hygiene and grooming:**

Brush teeth and shower daily

Make bed and straighten up bedroom daily

**Clean up after yourself in kitchen** Change and launder sheets and towels weekly

Launder clothing weekly

Attend weekly house and grocery list meeting

Attend consumer self help center or other outside activity approved by service coordinator such as classes, work, trip to library, volunteer work, SACPort etc.

**Do not pile dirty dishes in sink - wash and put away or put in dishwasher.**

**HOUSE RESPONSIBILITIES:**

**1-Living room /Hallway:** assigned to \_\_\_\_\_

Vacuum 2 times a week ( Monday and Thurs) **put away vacuum**

Dust furniture, blinds and TV

Sweep down all spider webs

Dispose of old newspapers

Wash windows and windowsills

Sweep and mop entrance hall twice weekly

Other \_\_\_\_\_

**2- Family room:** assigned to \_\_\_\_\_

Vacuum or sweep twice a week –

Pick up and shake out small rugs

Dust furniture

Use windex on glass table top and TV and windows

Sweep down spider webs

Take recyclables to garbage

**3-Laundry /Garage/Outside:** assigned to:

Clean washing machines and dryer and counter with wet cloth

Sweep garage floor , shake out carpets and straighten cover on couch

Sweep walks and front porch

Clean and empty cigarette holders, ashtrays

Clean table tops and take any dishes into the house and put in dishwasher or wash and dry in dish drainer

Take out garbage cans the night before garbage pick-up day & put back when emptied.

Water lawn and trees as needed

Wash outside tables and chairs as needed

Knock down any spider webs around front door

**4- Kitchen:-** assigned TO \_\_\_\_\_

- Clean refrigerator thoroughly once a month-
- Sweep and mop floor twice weekly (Monday and Thurs) more often if needed
- Take trash out daily
- Clean **oven** and microwave oven as needed ,preferably once a month.
- Wash countertops, cupboard fronts, dishwasher front **and stove top** daily
- Empty dishwasher and/ or dishdrainer **every morning by 10 am.**
- Wash down kitchen table daily
- Wash table mats in washing machine as needed

**5- Bathrooms:** Master bedroom and bath is the responsibility of resident in that room.

Other bathrooms

- Mop floors
- Clean toilet bowls, seats (top and bottom) and scrub floor behind toilet
- Clean sinks and mirrors
- Clean shower and shower door and tubs
- Empty trash cans daily
- Wash floor mat if needed

**5 - Dinner meal preparation: Rotate daily between residents-**

Each prepare a dinner menu on a rotating basis – see calendar

Each preparer : Clean up after meal by putting dishes , pots and pans in dishwasher, **turn on the dishwasher if full**, clean counters and stove\_\_\_\_\_

**6 – ROTATE Shopping done weekly –:**

**It is the residents' responsibility to report broken appliances or needed repairs to the Executive Program Director as soon as possible!!**

**Names and phone #'s of persons to contact  
Debbie Coughlin 899-0951**



## **TO BE POSTED AT ANY NEW HOME**

### **Good Neighbor Policy**

#### **To Neighbors:**

As a good neighbor, we want you to know that we have opened a small group co-op home at \_\_\_\_\_ for no more than 5 persons. These residents will work very hard to be a good neighbor to you by keeping the home neat and clean, being quiet and friendly.

Our goal for these folks, who have a mental disability, is to help them enhance their everyday life skills and, as one of the clients said, to move from social security disability to an IRA. They will be supported part time by a county social worker, friends and family members. We sincerely hope you will be part of their support network with a friendly "Hi, how are you."

In the unlikely event you have concerns, please feel free to contact Debbie Coughlin at 916-899-0951 .

Welcome Home Housing

Posted on house \_\_\_\_\_