

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 I 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 are 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, 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.
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.

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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 Welcome Home Housing 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.

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.

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26. Children may visit the house overnight with prior written permission from the President / 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 can store items only on my side of the room.
30. When I vacate, I am 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 Welcome Home Housing 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 of, 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.

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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 95695. One copy of this Program Agreement shall be given to the resident and one copy forwarded to the Welcome Home Housing 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 Welcome Home Housing system 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:

Print Name

Signature

Date

WHH

Staff Member:

Print Name

Signature

Date

Case Manager:

Print Name

Telephone