

**Welcome Home Housing
ADMISSION AGREEMENT
Updated as of September 17, 2010**

I agree to the following:

A. PROGRAM:

1. Assisted Living 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 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 three days of activity 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 at the following house:_____.
If I share a room, the fees are \$625 a month only while I have a room mate.
9. My Program fees include paper goods and cleaning supplies in addition to food items. 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 County 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 bed is filled, 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 money or personal items from my housemates.
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.
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 the house manager or Life Skills Coach. I will conserve utilities by turning off lights, electric heaters, music and televisions when leaving a room.
22. I will only use tobacco products in designated **OUTSIDE** areas.
23. I will limit telephone calls to no more than 15 minutes, not make long distance calls, and not incur additional telephone costs, i.e. "Directory Assistance" or "Express Dialing." (House residents will be charged for any additional costs found on the telephone bill). 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.
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 or 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**. If a resident fails to leave voluntarily, then eviction proceedings and/or a temporary restraining order will be sought. A part of this agreement is the copy of the Restatement of Transitional Housing Misconduct Act that explains your rights and responsibilities under the law.

33. 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) 737-7104 or write Welcome Home Housing at 816 Elm Street, Woodland, Ca. If I want further information about housing issues I may call the Fair Housing Hot Line at (800) 400-2260. 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. Welcome Home Housing is a non-profit organization that leases homes for members of the Adult System of Care to reside in these homes. 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
Initial _____	Pg3		

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. 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 abandon 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 \$ _____

Application for Welcome Home Housing Residents

NAME _____

ADDRESS _____

PHONE # _____ CELL PHONE _____

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 _____

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 and how often _____

Signature _____ Date _____