

Agreement for 3 A's of Excellence
Quick Access Facility

Each new admission must initial after reading each rule which confirms their agreement to the rule...

I, _____, agree to abide by the rules set forth below and any other rules established by 3 A's of Excellence Quick Access Facility.

- 1). No alcohol or street drugs allowed in the facility. Smoking is only permitted outside in the designated area in the rear of the facility and there will be no solicitation from other residents. _____
- 2). Quiet hours begin at 10:00 p.m. There should be no loud noises that could possibly disturb the other residents at any time. _____
- 3). In an effort to prevent bedbug infestation, as I re-enter the facility, I will go directly to the bathroom, remove all clothing and bagged them securely and wash the clothing within 24 hours. _____
- 4). I understand that all visitors must be introduced to the staff and are not allowed in the bedrooms. I further understand that there are no visitors allowed after 8:00 p.m. _____
- 5). I will not deliberately damage or take any property from this facility. I will pay for any property that I might damage or remove. _____
- 6). I agree that I will not threaten or hurt or physically injure myself or anyone else. I understand that violence of any type will not be tolerated. _____
- 7). I will notify staff when I leave and give the approximate time of my return. I will return to the facility by 10:00 p.m. unless I have made special arrangements with the staff. If not, I will not be allowed entrance into the facility. _____
- 8). I understand that a continental breakfast is available for the residents to prepare and arrangements for lunch and dinner will be made by my case manager. _____
- 9). I further understand that I may utilize the laundry facilities that are available in the facility. _____
- 10). I will remove all belongings when I leave the facility. If I leave more than two (2) shopping bags of clothing in the facility, I will be charged a \$7.00/day storage fee until I remove all of my belongings. If I have not removed my belongings after 30 days, the facility may dispose of my things in any way they see fit. _____
- 11). I will actively work with my case manager and/or other mental health workers on developing my housing plan. This may consist of sending referrals to agencies on my behalf, calling landlords and meeting with program or housing intake personnel. _____
- 12). I will notify the staff as soon as possible of the day that I intend to move. _____
- 13). I will return all linen, towels, washcloths, sheets, pillowcases, etc; when I leave. _____

“I have read and understand the above stated rules of the 3 A's of Excellence Quick Access Facility. My signature below affirms my agreement to abide by these rules. I further understand that if any of these rules for 3 A's of Excellence Quick Access Facility are not adhered to, I will be asked to leave.”

Resident Signature

Date: ____/____/____

Case Manager or Designee's Signature

Date: ____/____/____

Authorization for Disclosure of Information

NOTE: All matters and records relating to the physical or mental condition of clients are privileged and confidential and are treated as such by all clinical staff at this agency. Privileged disclosure of the confidential treatment of present or past clients will not be made without the consent of the client except pursuant to judicial order, in accordance with Public Law 92-255 and Public Law 93-282.

The _____ is authorized to release information from
(Community Support Provider or Significant Other)
_____. This authorization could include release of
(Medical Records)

Information concerning treatment of drug or alcohol abuse, drug related conditions, alcoholism, psychiatric/psychological conditions, AIDS/AIDS related conditions and/or HIV testing, financial information and income.

Verification of any records is also authorized:

Name: _____
Address: _____
Date of Birth: _____
Purpose of Disclosure: _____

Specific information to be disclosed: Financial Information Income Verification

During the period from _____ to _____. This consent to disclose
(Authorization) (End of Authorization)
information may be revoked by me at any time except to the extent that action has been taken in reliance there on.

“In signing this document, I authorize the release of sufficient information to the Mental Health Access Point (MHAP) and the Hamilton County Mental Health and Recovery Services Board that the Board can enroll me in the Multiagency Community Services Information System (MACSIS) and determine my eligibility for publicly funded services.”

This consent (unless expressly revoked earlier) expires 90 days from this date:

Client Signature: _____ Date: _____
CPST Signature: _____ Date: _____

Reason for revocation: _____

Client's Rights

I, _____ have received and understand or have had explained my rights while receiving services from the Central Community Health Board, Inc. (CCHB)

Ohio Department of Health _____

Ohio Department of Mental Health _____

Consumer's Signature

Witness Signature (if consumer is unable to read or write)

Date

Disposition of Personal Belongings

In the event that I leave my belongings at the _____ (QA Facility) prior to or after my approved discharged date, I hereby give the following representative my permission to remove all my belongings within 24 hours of my departure:

Name: _____

Telephone #: _____

Address: _____

Relationship: _____

I understand that if my designated representative does not remove all of my belongings within the 24 hour period, my property will be disposed of at the discretion of the Quick Access facility.

Signed: _____

Consumer's Signature

Date: ___/___/___

Quick Access Financial Arrangement

"This form must be read and signed by the consumer and CPST"

I understand that my placement in Quick Access Housing is a temporary placement while long term housing arrangements are being made. I understand that my rent is either being subsidized or paid in full by the Central Community Health Board (CCHB), depending on my current financial status.

Accordingly, I understand that Quick Access Housing is not FREE. I agree to the following financial arrangements:

If I have an income, I agree to pay \$ _____. (the lower amount listed on line C of the Quick Access Worksheet) per month during my authorized placement at the following Quick Access Facility: _____.

If I have no current income or my income is pending (waiting on determination of entitlement or employment, etc.); I agree to pay a negotiated amount of my income (when it is established) towards the bill for my care. I agree to work with my CPST to determine an appropriate monthly payment plan. This plan will be submitted to CCHB Residential Programs and the agreed upon monthly payment will start one month after my income begins.

I verify my understanding of this financial arrangement by witness of my signature below. I further understand that failure to comply with the above financial expectations could result in the termination of my placement and/or the denial of authorization for future Quick Access Housing.

Consumer's Signature and Date

CPST's Signature and Date

Quick Access Payment Worksheet

Updated 2/8/10 uje

Please complete this worksheet for all consumers regardless of their income status.

Please note that the consumer makes no payments to the facility of placement. If the consumer has an income, payment(s) must be made to:

Central Community Health Board, Inc.

Attn: Ursula J. Epps

526 Maxwell Avenue

Cincinnati, Ohio 45219

Checks or money orders should be made payable to Central Community Health Board and should have the name of the consumer and the Quick Access facility noted on the check or money order.

Consumers who have no income, must make a plan with their CPST to begin to pay a negotiated amount per month toward the expense of their placement once their income begins.

_____ x 70% = (A) _____
Consumer's Income Consumer's Payment

_____ = (B) _____
Consumer's Placement (i.e. Alex's, Dana...) Monthly Cost (See Below)

Facility	Daily Cost	Monthly Cost
Tender Mercies/Dana	\$12.50	\$375.00
3 A's of Excellence	\$16.00	\$480.00
Alex's Retreat	\$16.00	\$480.00
Serenity	\$16.00	\$480.00

(C) Monthly Consumer Payment: \$ _____.