

Alex's Retreat House Rules

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

Listed below are the house rules for this Quick Access Facility:

- 1). No alcohol on the premises ever!!! Violation of this rule will result in immediate eviction. _____
- 2). No drugs of abuse on the premises ever!!! Violation of this rule will result in immediate eviction. The exception being prescribed medication from the consumer's physician. _____
- 3). This is a smoke free facility; therefore if you smoke, you can utilize the deck in the rear of the house. If inclement weather makes the deck inaccessible, you can smoke in the basement by the garage door. You must receive permission from a staff member or the Home Administrator prior to going to the basement. _____
- 4). Radios and televisions can be utilized at the facility, but the operator of such must respect the other residents and keep the sound of both to a minimal. _____
- 5). Visitors are restricted to the living room area. _____
- 6). Residents will NEVER ENTER another resident's bedroom without direct permission by the affected resident. Violation of this rule will result in immediate eviction. _____
- 7). All residents will keep their bedrooms cleaned at all times. You are responsible for cleaning any dish or glass that you used. _____
- 8). Fighting will not be tolerated! Any arguments or disputes will be immediately brought to the attention of a staff member or the Home Administrator. Violation of this rule will result in immediate eviction. _____
- 9). Check out time for all residents will be 10:00 a.m. No exceptions. _____
- 10.) Residents will be required to turn in their bedroom keys as well as all linen prior to checking out. _____
- 11). All personal property must be removed upon checking out of the facility. Any property that is left at the facility will be stored for a period of 24 hours after which any unclaimed property will be disposed of.
- 12). In an effort to prevent bedbug infestation, as I re-enter the facility, I will go directly to the bathroom, remove all clothing and bag them securely and wash the clothing within 24 hours. _____

Resident Signature

_____/_____/_____
Date

Case Manager or Designee 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: \$ _____.