

Luella House

475-0000

Calvin Johnson, Director (866 -0635)

Ralph Warren, Resident Manager (479-8404)

(revised 1/6/11 uje)

House Rules and Contract Agreement for Quick Access Lodging

“Welcome!”

Read these house rules carefully. If you have any questions – please ask for clarity. When you place your initials on each rule that confirms that you understand each rule.

If you should break ONE rule, you will receive ONE WARNING. If you break ANOTHER rule – “YOUR PLACEMENT WILL BE TERMINATED”.

*Curfew: Sunday through Thursday: 10:00 p.m.

Friday & Saturday: 12:00 midnight

****This is for your safety and protection. If you are unable to return to the facility by curfew, please call (513) 475-0000 to confirm your whereabouts and plans. _____***

Visitors are welcome from 2:30 p.m. to 6:30 p.m. on Sunday. Overnight visits are absolutely **NOT** permitted. Visitors are allowed to have access to the common areas **ONLY** (sitting area) and they must be on the guest list PRIOR to visitation. _____

1. I will not create any loud noises or use profanity that may disturb other residents/guest at any time.

2. I will smoke in the designated smoking areas only. _____

3. I will not deliberately damage or take property from the Luella House and I will be financially responsible for items I unintentionally/intentionally destroy or remove from the property. _____
4. In public areas, I will dress appropriately, i.e. shoes, shirts, pants, etc;. _____
5. I will not enter another resident's bedroom or personal space without permission _____
6. I will not borrow or take any items that are not my belongings without permission and/or approval by the Resident Manager.
7. I will not bring or remove any furniture or household items or out of the facility. _____
8. All prescribed medications will be safely locked and secured with my personal belongings or facility lock box. _____
9. I will work actively with my case manager and/or other mental health workers on developing housing options. This may consist of sending referrals to agencies on my behalf, calling landlords and meeting with program of housing intake personnel. _____
10. I understand that laundry must be washed weekly or more frequently if necessary. _____
11. I understand that no pets of any kind are permitted. _____
12. I understand that **no weapons, alcoholic beverages, violence or public intoxication is permitted** on the property of Luella House. _____
13. In an effort to prevent the infestation of bedbugs, I will go to the basement and remove all clothing, place worn clothing in the provided plastic bags and secure the bag tightly to be washed the next day. **This procedure must be followed every time you leave and return to the facility.** _____
14. I am expected to clean up after myself and maintain personal grooming. _____
15. I am encouraged to participate in fire drills and other safety related procedures. ____
16. Long distance calls are not available and phone usage should be limited to ten (10) minutes per call. In the event there is an emergency, I will notify the Resident Manager for assistance. ____
17. I agree that I will not **threaten, hurt or physically injure** myself or anyone else. I understand that violence of any type will not be tolerated. _____

- 18. 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. on the weekdays and 12:00 on the weekends. **If not, I will not be allowed to enter the facility.** _____
- 19. I understand that a continental breakfast will be available for me to prepare. My case manager and I have made arrangements for lunch and dinner. _____
- 20. I further understand that I may utilize the laundry facilities that are available in the facility. _____
- 21. I will remove all of my belongings when I leave the facility or management will dispose of my belongings within seven (7) days after discharge. _____
- 22. I will notify the staff as soon as possible of the day that I intend to move. _____
- 23. I will return all towels, washcloths, sheets, pillowcases, etc; when I leave. _____
- 24. The Resident Manager will available for all non emergency problems between the hours of 9:00 a.m. and 10:00 p.m. **"To disturb the Resident Manager after 10:00 p.m. or before 9:00 a.m. will result in termination after the first warning is given."** _____

"I, _____ agree to abide by the above stated rules and understand that my placement can be terminated if I receive more than one warning."

Date: ____/____/____ _____

Consumer's Signature

Intake Staff: _____ **Date:** ____/____/____

Case Manager: _____ **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: _____

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

updated2/8/10 uje

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: \$____.____

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