

Women's House of Serenity House Rules/Contract

Anissa Watts, Lodging Contractor

Maintaining personal hygiene is a must. All residents are required to bathe/shower, brush teeth and style hair neatly on a daily basis. Bathroom shower/tub must be cleaned after each use.

Each resident is expected to keep his/her belongings and clothing in his/her assigned space (closet, drawer, etc.) and is encouraged to make his/her personal space clean and orderly.

Continental breakfast will be served between 8:00 a.m. and 9:30 a.m. There will be NO other meals provided.

In order to show courtesy/respect for each other, all residents are to inform Lodging Contractor if you will be late or will not be returning to the facility for the evening and leave a number where they can be reached.

Smoking is permitted in designated area ONLY! Absolutely NO SMOKING IS PERMITTED IN BEDROOMS!

We cannot accommodate overnight guests; however family visitors are welcome in common area during visiting hours, 5 p.m. – 6 p.m. Visitors are to visit in basement and outside patio area only. When possible, prior notice will be given when there are instances that require cancellation of visits.

Be respectful to others living with you and around you. This includes (but not limited to) the following examples:

- Personal space: Do not enter other's bedrooms. Keep your items secure in your bedroom
- Personal Items: Do not borrow personal items belonging to others. This includes (but not limited to) food, clothing, jewelry, personal hygiene items, etc;
- Telephone: Limit the length of your calls to a maximum of 20 minutes.

The use of non-prescribed (street) drugs/drug paraphernalia or alcohol is not permitted in the facility or on the premises.

Physical or verbal abuse of any kind is not permitted.

All residents are expected to clean up after themselves.

Food, drink and snacks are to be eaten in the kitchen or basement areas ONLY. There is NO eating in the bedrooms.

Any problems or concerns should be reported to the Lodging Contractor as they arise.

Residents are required to participate in fire drills and other safety related procedures.

No pets of any kind are permitted.

Recommended Curfew Hours: Sunday – Thursday: 11:00 p.m.

Friday & Saturday: 12:00 a.m.

“If you are unable to return to the facility by the recommended time, please call the Lodging Contractor at 332-4585 in order to gain entry into the facility.

Do not bring any furniture or household items into the facility or remove property that is not yours.

Laundry must be washed prior to initial placement and then bi-weekly or more frequently if necessary.

In an effort to prevent the infestation of bedbugs, please go to the basement and remove all clothing. (Spare clothing should be laid out in preparation) Place worn clothes in plastic bag, tie bag tightly to be washed the next day. This procedure must be followed each time you leave and return to the facility.

Resident understands that any violation of these House Rules can result in termination from the Women’s House of Serenity (WHOS)

WHOS is not responsible for any loss to personal property including food, clothes, equipment or any other items brought in the facility.

“By signing this, I agree to the above stated House Rules

Consumer’s Signature

____/____/____
Date

CPST/Agency Representative Signature

____/____/____
Date

CPST Cell Number: (____) _____

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: \$ _____.