

Hesed House of Hope Agreement of Understanding

I agree to submit to a breathalyzer screening and or urinalysis for the detection of alcohol beyond the limits set by Hesed House of Hope Board of Directors or for illicit drugs in my system. I understand that Hesed House of Hope has a “clean and sober” policy preventing residents from being under the influence inside the shelter. If a breathalyzer reading is greater than 0.05 or the urinalysis is positive for illicit drugs, I understand that I will not be allowed inside the shelter. I further agree to random breathalyzer and/or urinalysis screenings for as long as I reside in the shelter. Hesed House of Hope reserves the right to refuse admission to anyone whose behavior demonstrates impairment that limits decision making skills, presents a danger or is a potential threat to self or others.

If I am accompanied by a minor(s) and a urinalysis is positive for illicit drugs or a breathalyzer reading is greater than 0.05, I understand the Department of Social Services, Child Protective Services may be contacted to ensure the safety and well-being of the minor. I understand that all children accompanying me in the shelter are my responsibility to supervise and provide care for.

I understand that a criminal background check will be done and the Sexual Predator registry will be checked. If I am found to have a criminal history of violent crime or if I have been convicted or are a registered sex offender, I will not be permitted in the shelter.

I understand that the duration of my stay at the Hesed House of Hope will be limited to four consecutive months or to 180 days in a year, with the year beginning from the first day of residence. Extensions to the four consecutive month limit may be granted only by the Shelter Director or the Hesed House of Hope Board of Directors.

NO weapons allowed on premises.

NO public displays of affection.

NO profanity or obscene gestures.

NO boisterous or loud talk.

NO violent behavior.

NO use of alcohol or illegal drugs while on Shelter Property. Prescription medication **MUST** be taken as directed and secured by intake staff.

NO smoking or smokeless tobacco used inside shelter.

NO heckling or bullying other residents.

NO sexually explicit materials.

NO residents allowed in kitchen, **NO** exceptions.

Residents **MUST** be fully dressed in common area.

Residents **MUST** be respectful of other residents and volunteers.

NO food or drink in sleeping areas.

Residents **MUST** maintain their sleeping area in an orderly condition and change bedding weekly. No outside bedding or personal linens are allowed in the shelter.

Residents may have only a small amount of clothing and personal items in the shelter, any clothing or personal items left at the shelter may be disposed of at the discretion of Hesed House of Hope.

Residents may not re-enter the shelter after screening unless he/she are authorized to exit.

Residents **MUST** heed request by volunteers for clean-up and completion of chores.

Males and Females have designated sleeping areas. Residents are to remain on their side at all times.

Restrooms are to be kept clean and nothing other than toilet paper should be placed in commodes.

Internet is to be used for job searching, resumes, and housing options. It is not to be used for facebook, games, etc. I further understand that lights are out nightly at 10:00 PM and that lights are on daily at 6:00 am.

I understand that I must vacate the shelter no later than 7:30 AM. I understand that unless I have made prior arrangements with an overnight volunteer or a staff member, I may not leave the property prior to 6:00 AM.

Residents that leave the property prior to 6:00AM for work may require employment verification. All residents are required to be off the property between the hours of 8:00 AM to 1:00 PM Monday through Friday.

Residents are expected to maintain good personal hygiene, for the respect of volunteers and clients to help prevent the spreading of infectious diseases.

Residents must make diligent efforts to achieve weekly goals as assigned by the Shelter Director

Hesed House of Hope cannot provide healthcare services to individuals who are unable to care for themselves. In the event an individual can no longer care for themselves, they will be responsible for securing alternative housing. In such cases the Department of Social Services, Adult Services Unit, may be contacted to assist in the welfare of the adult in question.

I understand and agree, that all persons residing, or working or serving as a volunteer are asked to sign a release form which releases Hesed House of Hope from accepting responsibility in the event that someone should become infected with a communicable disease while involved with Hesed House of Hope.

I understand that by accepting services of the shelter, I agree to share in the responsibility of keeping the shelter a safe, pleasant, clean and sanitary facility.

I understand that I am not allowed in the facility until the intake process has been completed and once I am admitted I may not leave the building without a volunteer or staff member. If a client chooses to leave, he/she will not be allowed to return until the following day during Intake, and will be subject to drug testing.

I understand that the identity of each and every shelter resident is confidential. I agree not to release the name of any resident to anyone outside the shelter.

I understand that I will be allowed 4 smoke breaks approximately 7:30pm, 9:30pm, 6:30am and 8:30am. **Smoke break times are approximate but are limited to two in the evening and two in the morning. If the**

shelter remains open during the day for inclement weather smoke breaks will be allowed every two hours up until intake begins.

I understand that showers are limited to 15 minutes. I can only change clothes in the restroom areas. I agree to maintain the restroom area in a clean and healthy way.

I understand that personal belongings are not allowed to be stored at the shelter and will be discarded by the shelter volunteers and staff should I leave them on shelter property.

If residents are suspected to have any infectious illness or skin condition, they will be asked to be assessed by a health care professional at their responsibility and must provide proof of visit and prescription(s) secured prior to returning to the shelter.

I understand and agree that the guidelines of Hesed House of Hope are not limited to those listed in the Agreement of Understanding and that the Board of Directors reserves the right to change or implement new guidelines or policies as deemed necessary without notice. I understand that failure to comply with the policies and procedures of the Hesed House of Hope will result in a verbal warning and/or immediate suspension, or termination or denial of services as deemed necessary by the Board of Directors.

I understand that the Hesed House of Hope, Its Board of Directors, Officers, Employees, and Volunteers are not liable for the loss, theft, or damage of my personal property, including money that I may bring into the shelter, or physical injury or death, or any other injury that may occur during my stay at the Hesed House of Hope.

I have received, understand, and agree to all the terms and conditions listed herein as well as all policies administered by the Hesed House of Home Board of Directors.

Resident Signature: _____ Date: _____

Witness: _____ Date: _____