

Resident's Orientation Package

O's House Rules

- 1.) **ALCOHOL AND/OR ILLEGAL DRUGS:** ACTIVE USE OF ANY ALCOHOL, DRUGS AND/OR OTHER SUBSTANCES, INCLUDING (BUT NOT LIMITED TO) ILLEGAL DRUGS, ABUSE OF MEDICATIONS OR OTHER SUBSTANCES. THESE SUBSTANCES, WHETHER IN THE POSSESSION OF, OR ON THE PERSON OF THE RESIDENT, OR WITHIN THE LIVING SPACE/BELONGINGS OF THE PARTICIPANT WILL SUBJECT THE PARTICIPANT TO IMMEDIATE REMOVAL FROM THE PROGRAM, AND THE REMOVAL OF ANY AND ALL PROPERTY BELONGING TO THE PARTICIPANT
- 2.) **DRUG DEALING:** ANY SUSPECTED DRUG DEALING/RUNNING WILL NOT BE PERMITTED, AND WILL LEAD TO TERMINATION. DRUG PARAPHERNALIA WILL BE CONFISCATED BY MANAGEMENT AND GIVEN TO THE PROPER AUTHORITIES.
- 3.) **THREATS:** ANY THREATS OF VIOLENCE AND/OR VERBAL OR OTHER ABUSE OF MANAGEMENT OR OTHER PROGRAM RESIDENTS WILL LEAD TO TERMINATION.
- 4.) **WEAPONS:** ANY WEAPONS (GUNS, KNIVES, OR ANYTHING ELSE THAT MANAGEMENT CONSTITUTES AS A WEAPON) IN THE POSSESSION OF, OR ON THE PERSON OF THE PARTICIPANT OR THEIR VISITORS, OR IN THE LIVING SPACE OF THE PARTICIPANT WILL NOT BE TOLERATED.
- 5.) **ABUSE:** ANY VERBAL, PHYSICAL OR OTHER ABUSE OF THE MANAGEMENT, NEIGHBORS, OR OTHER PARTICIPANTS WILL LEAD TO TERMINATION, AND THE PROPER AUTHORITIES WILL BE NOTIFIED. 6.) **THEFT:** ANY THEFT OR SUSPECTED THEFT OF HALFWAY TO HOME PROPERTY OR THE PROPERTY OF OTHER PARTICIPANTS OR COMMUNITY/NEIGHBORS WILL LEAD TO TERMINATION OF PARTICIPATION. AUTHORITIES WILL BE NOTIFIED, AND CRIMINAL CHARGES MAY APPLY.
- 7.) **MOVEMENT:** EACH RESIDENT MUST SIGN IN/OUT WHEN LEAVING AND ENTERING THE BUILDING AT ALL TIMES
- 8.) **SMOKING:** ALLOWED ONLY IN DESIGNATED AREAS ABSOLUTELY NO SMOKING IN THE BEDROOMS OR LIVING ROOM NO EXCEPTIONS.
- 9.) **ASSIGNED ROOM:** RESIDENTS ARE ALLOWED ONLY IN ASSIGNED ROOM. RESIDENTS ARE NOT ALLOWED IN ANOTHER RESIDENT'S ROOM UNDER ANY CIRCUMSTANCES.
- 10.) **GUESTS/VISITORS:** OVERNIGHT GUESTS ARE NOT PERMITTED AT ANY TIME. NO PERSON WHO IS NOT A

RESIDENT OF O's House N.F.P. , RESIDING AT THE PREMISES, IS NOT ALLOWED TO STAY OVERNIGHT. VISITORS AND GUESTS OF THE RESIDENT ARE TO BE ASKED BY THE RESIDENT TO LEAVE AT A REASONABLE HOUR, IN COMPLIANCE WITH THE PARTICULAR RULES AND EXPECTATIONS (CURFEWS) AS OUTLINED BY O'S HOUSE OUTREACH N.F.P. MANAGEMENT. VISITORS HOURS IS AS FOLLOWED FRIDAY & SATURDAY FROM 11:00 PM TO 11:00AM. VISITORS ARE NOT ALLOWED IN BEDROOM AT ANY TIME....NO EXCEPTIONS.

- 11.) **SEXUAL RELATIONSHIPS:** SEXUAL RELATIONSHIPS, WHETHER HETEROSEXUAL OR HOMOSEXUAL UPON OR WITHIN THE HALFWAY TO HOME PROPERTY WILL NOT BE TOLERATED AND WILL LEAD TO IMMEDIATE TERMINATION. ANY SEXUAL PANDERING, PROSTITUTION OR PROMOTION THEREOF WILL NOT BE TOLERATED.
- 12.) **PERSONAL SPACES AND BEDROOMS:** WILL BE KEPT NEAT AND CLEAN, AT ALL TIMES. BEDS WILL BE MADE DAILY. ALL SURFACES WILL BE DUSTED WEEKLY, AND FLOORS VACUUMED/SWEPT REGULARLY. LAUNDRY HAMPERS WILL BE USED FOR DIRTY CLOTHES UNTIL SUCH TIMES AS THEY ARE WASHED. NO FOOD ARE ALLOWED IN THE BEDROOMS.
- 13.) **PUBLIC AREAS:** ARE TO BE KEPT NEAT AND CLEAN. PARTICIPANTS WILL KEEP THEIR PERSONAL ITEMS OUT OF THE PUBLIC AREAS OF THE HOUSE.
- 14.) **CURFEW:** SUNDAY-MONDAY 12:00 am THRU 7:00 am T.V. AND RADIO OFF AT 10:30PM AND House CLOSES AT 11:00PM
- 15.) **(H.I.S.) HOME IMPROVEMENT SKILLS** WILL BE PERFORM DAILY AT 9:30PM. THOROUGH CLEANING WILL BE PERFORMED EVERY SATURDAY AT 10:00AM.
- 16.) **FURNITURE:** THERE IS NO LAYING, SLEEPING OR FEET ON FURNITURE AT ANY TIME. NO FOOD ALLOWED IN LIVING ROOM AT NO TIME.
- 17.) **DINNER:** WILL BE SERVED AT 5:00PM MONDAY THRU FRIDAY. RESIDENTS ARE EXPECTED TO TAKE MODERATED PROPORTIONS TO ENSURE EACH RESIDENT WILL GET AN EQUAL SHARE OF DINNER.
- 18.) **PHONE CALLS:** NO PERSONAL PHONE CALLS WILL BE RECEIVED OR DIAL DURING BUSINESS HOURS (9AM-5PM). STAFF WILL MONITOR CALLS.
- 19.) **LOITERING:** NO LOITERING IN FRONT OR ON SIDE OF THE BUILDING AT ANY TIME. RESIDENTS ARE ALLOWED TO BE IN THE BACKYARD.
- 20.) **COMPUTERS:** ARE FOR BUSINESS PURPOSE ONLY (JOB SEARCH, RESUME, ECT...) SOCIAL SITES ARE PROHIBITED (FACEBOOK, MY SPACE, CHAT ROOM, BLACK PLANET, ECT.) ABSOLUTELY NO PORN WHATSOEVER.

21.) **ILLEGAL ACTIVITY OR BEHAVIOR:** ANY AND ALL BEHAVIOR THAT IS A VIOLATION OF LOCAL, STATE, FEDERAL OR INTERNATIONAL LAW (INCLUDING, BUT NOT LIMITED TO VIOLATION OF PROBATION, PAROLE, OR HOUSE-ARREST TERMS AND CONDITIONS) WHILE PARTICIPATING IN HALFWAY TO HOME, WHETHER COMMITTED ON PROGRAM PROPERTY OR OTHERWISE, WILL BE REPORTED TO THE PROPER AUTHORITIES.

22.) **DRUG SCREENING:** RESIDENTS ARE EXPECTED TO SUBMIT TO RANDOM DRUG SCREENING. REFUSAL WILL RESULT IN DISCHARGED.

23.) **CANDLES:**INCENSE AND CANDLES ARE PROHIBITED NO EXCEPTION

24.) **WALLS:** RESIDENT WILL NOT HANG NO ITEM ON O'S HOUSE WALLS AT ANY TIME. (PICTURES, POSTERS, ECT....)

25.) EACH RESIDENT ARE EXPECTED TO PURCHASE THE FOLLOWING ON A MONTHLY BASIS 6 LOAVES OF BREAD, 2 5LBS BAGS OF SUGAR, 1 LARGE CAN OF COFFEE AND I LARGE CREAMER.

RESIDENT AGREEMENT

I, _____ hereby agree to comply with the following conditions, to be evaluated for adherence on a weekly basis by O's House Outreach N.F.P. to allow continuation in the residence and

participation of O's House Outreach N.F.P. **NO MONEY IS REFUNDABLE.**

Residents must participate in the program function as instructed by management.

Strict adherence to all rules, regulations, and Policies of O's House Outreach N.F.P. This includes all rules detailed in the House Rules as well as specific directives by O's House Staff.

Attend weekly house meetings, and 2 outside AA or NA meetings per week.

Abide by O's House Outreach N.F.P. curfews (in house by 10:30 pm weeknights, 2:00am Friday & Saturday

Residents will not use any intoxicants (mind or mood altering substances.)

Residents are subject to random drug/alcohol testing. Refusal to take a drug/alcohol test or tampering with an alcohol/drug test is the same as a positive test. **A POSITIVE DRUG/ALCOHOL TEST MAY RESULT IN IMMEDIATE DISMISSAL OR REFERRAL TO A HIGHER LEVEL OF CARE AND LOSS OF PRIVILEGES FOR THIRTY DAYS.**

Residents are responsible for cleaning up behind themselves and their visitors. All personal belongings will be kept in the bedroom. Bedrooms will be kept clean at all times and are subject to inspection by house staff. Residents are not allowed in other resident's bedrooms.

If on probation, parole, or court ordered resident will be required to sign a release of information form. Resident's probation, parole, or court ordered officers will be contacted in regards to residents status.

Must be continually working a 12 Step program of recovery under the guidance of a Sponsor

I will never assault, injure or threaten O's House Outreach N.F.P. Staff, Residents or guests and will always conduct myself in a respectful manner.

I understand I will be assigned household chores to complete each day to help maintain the cleanliness of the house. Failure to complete my chores may result in disciplinary actions. I may not have another resident do

my chores for me unless the Director approves as in the case of illness, injury or

furlough. Residents will only smoke and designated areas. No smoking in living rooms or

bedrooms

If I leave O's House Outreach N.F.P. For any reason I have five days to pick up my belongings or it can be donated to The Salvation Army.

Sign Name _____ Date _____

Staff Signature _____ Date _____

COMMUNICABLE DISEASE DISCLOSURE

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT THIS PROGRAM DEALS WITH INDIVIDUALS THAT ARE CONSIDERED TO BE IN A "HIGH RISK" POPULATION AND THAT EDUCATION OF SUCH COMMUNICABLE DISEASES HAS BEEN OFFERED TO YOU.

THIS MEANS THAT PAST BEHAVIOR MAY HAVE EXPOSED THEM TO TYPES OF INFECTIONS INCLUDING BUT NOT LIMITED TO, HEPATITIS C, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES OR OTHERWISE TRANSMITTED DISEASES.

DISEASES SUCH AS HEPATITIS C AND HIV/AIDS CAN ONLY BE SPREAD THROUGH SEXUAL AND/OR BLOOD CONTACT. INDIVIDUALS WITH SAID CONDITIONS WILL NOT BE DENIED PARTICIPATION SOLELY ON SAID CONDITIONS. WHILE MANAGEMENT DOES NOT DISCLOSE THIS INFORMATION TO OTHERS IN THE HOUSE, PARTICIPANTS ARE ENCOURAGED TO DISCLOSE ANY DIAGNOSIS OF SUCH DISEASES, AND TO ASSIST IN THE EDUCATION OF THEIR HOUSEMATES WITH REGARD TO THEM.

I HAVE BEEN ADVISED AND DIRECTED TO CONTINUING EDUCATION ON COMMUNICABLE DISEASES AND RELEASE O'S HOUSE OUTREACH N.F.P., PROPERTY OWNERS, DIRECTORS, MANAGERS AND ANY AFFILIATES OF ANY LIABILITY.

PARTICIPANT NAME (PLEASE PRINT)

PARTICIPANT SIGNATURE DATE

MANAGEMENT SIGNATURE DATE