

## Client Information

Client Name:	Date:
Client ID#	Phone:

Home Address: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOA: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Initial Request \_\_\_\_\_

Type of Client:    \_\_\_ Primary    \_\_\_ Non-Primary    \_\_\_ High Risk Adolescent    \_\_\_ Gate Keeping

Service Category:    \_\_\_ Methadone Maintenance    \_\_\_ Outpatient    \_\_\_ Residential  
                              \_\_\_ Correctional    \_\_\_ Detoxification    \_\_\_ IOP

Number of previous admissions to this program: \_\_\_\_\_ Change in Service?    \_\_\_ Yes    \_\_\_ No

Number of prior treatment episodes: \_\_\_\_\_

Prior Treatment Location	Dates

Referral Source: \_\_\_\_\_

Referral Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_ M    \_\_\_ F    Race: \_\_\_ White    \_\_\_ Black    \_\_\_ Other (Specify): \_\_\_\_\_

Ethnicity: \_\_\_ Puerto Rican    \_\_\_ Mexican    \_\_\_ Cuban    \_\_\_ Other Hispanic    \_\_\_ Non Hispanic

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    Marital Status: \_\_\_ Never Married    \_\_\_ Married    \_\_\_ Widowed  
    \_\_\_ Divorced    \_\_\_ Separated    \_\_\_ Unknown

Highest grade completed: \_\_\_\_\_    Is client attending grades K-12?    \_\_\_ Yes    \_\_\_ No

### Client Information (con't)

Source of Income: \_\_\_\_\_ Family Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Type of Health Coverage: \_\_\_\_\_

Is Client currently pregnant?  Yes  No

Does the Client have any current mental health problems?  Yes  No  Unknown

Specify: \_\_\_\_\_

Has Client used tobacco in the past 30 days?  Yes  No

Number of Arrests in the last 2 years: \_\_\_\_\_

Arrests	Dates

Pending Charges	Trial Date/Location

Was Client in a controlled environment in the past 30 days?  Yes  No

Is Client Court ordered to treatment?  Yes  No Length of Order? \_\_\_\_\_

Any/All special studies applicable: \_\_\_\_\_

## Emergency Contact Information

PRINCIPAL PURPOSE(S) for which information is intended to be used: (1) Person(s) to be notified in case of emergency (2) Provides several means of contacting employees during an emergency.

DISCLOSURE of the information is **voluntary**, but failure to provide this information may result in OOH's inability to notify the next of kin in a timely manner or to notify you during emergency situations of mission-related issues.

**(Recommend that at least 1 contact be outside the local duty station/geographic area)**

**Primary person to be notified in case of an emergency:**

Name: \_\_\_\_\_

Relationship: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Secondary person to be notified in case of emergency:**

Name: \_\_\_\_\_

Relationship: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please be sure to update this form as changes occur

## Drug Testing Authorization Form

I have applied within Organization of Hope's program. As a condition for my application being considered and remaining in the program, I understand and agree to undergo unannounced substance screening. I understand that if my test results are positive, I have be considered for immediate termination from the program.

I hereby authorize OOH or any medical professional retrained by them for screening purposes to conduct such screening and to provide such results to OOH. I release OOH and any person afflicted with the company and any such institution or person conducting the screening from liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Text Message and Email Release Form

<b>PERMITTED PURPOSE(S) OF MESSAGING:</b> 1. Appointment Reminders 2. Important OOH Information 3. Medication Reminders 4..Other Program Updates
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I will not expect Organization of Hope to pay any of my text messaging charges or fees, I also understand that by signing this form I have read and/or understand the following:

1. Text messaging is not always safe from others reading it while it is being sent, and cannot be sent in a way so that others cannot read it while it is being sent. Text messages are always at risk of being read by others while being sent.
2. OOH, Inc. encourages me to password protect my text messaging account(s) by setting up a password for my phone or other means.
3. Deleting a text message on my messaging device does not mean it is permanently erased from either the device or from the records kept by my text messaging provider.
4. OOH, Inc. has no control in how my text messaging provider may either protect or share my text message records, and I should contact the company with any questions I may have about their policies.
5. OOH, Inc. employees are only permitted to send me text messages for one of the reason(s) indicated above.
6. I will only text message OOH, Inc. employees during normal business hours when the employee is known to be on duty. I will use other methods to contact OOH, Inc. employees in any other circumstance.
7. I understand that my authorization will be valid unless and until I end it. I understand that OOH, Inc. cannot ensure the privacy or security of text messages and I accept the risk associated with text messaging.
8. I may end this authorization at any time by signing a Withdrawal of Agreement for Communication. After withdrawing my authorization, a new Text Messaging Authorization Form must be signed to resume the use of text messages from OOH, Inc.
9. I authorize OOH, Inc. employees and the website to text message me at the number listed below, and understand I will need to withdraw this authorization in writing and sign a new text messaging authorization if I want to be contacted at a different number.

**Authorized Text Messaging number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Authorized Email** \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

## Medical Log

Prescription Report As of: _____									
#	Drug Name	Dosage	RX #	Used For	Frequency				Prescribed By
					AM	NOON	PM	PCN (As Needed)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

## Waiver of Liability

### Personal Property

I, \_\_\_\_\_, hereby release Organization of Hope, Inc., and all of its employees, from any financial liability resulting from the damage, theft, destruction, or loss of personal property.

I understand retention of personal property within the confines of this facility is wholly at my risk.

Upon discharge, for any reason, Organization of Hope, Inc. will not be responsible for any personal property unless arrangements are made with Staff **and** have the Director's approval.

### Physical Injuries

I, \_\_\_\_\_, hereby release Organization of Hope, Inc., and all of its employees, from any liability as a result of physical injury sustained within the confines of any Organization of Hope, Inc. facility.

### Services Rendered

I, \_\_\_\_\_, hereby release Organization of Hope, Inc., Organization of Hope, Inc. employees, and fellow Organization of Hope, Inc. House Coordinator from any liability that results from services Organization of Hope, Inc. rendered at my request.

### Health Status

I, \_\_\_\_\_, hereby state that to the best of my knowledge and belief I am free of any communicable disease and I will agree to submit to any test required of me to determine the status of my health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Grievance Policy

It is the policy of Organization of Hope, Inc. that every effort to resolve and rectify individual client grievances (i.e. staff/client/peer interaction problems) will be made. Should these efforts fail, clients may utilize the following grievance process.

Any client residing at Organization of Hope, Inc., believing that he/she is suffering a wrong because of actions taken by our staff, or the program as a whole, may file a grievance without fear or reprisal. **The grievance process consists of four (4) steps:**

**Step 1: The Client and Staff Discussion**

The client should discuss complaint with a staff member soon as the incident occurs. If the issue is not resolved the client may continue with Step 2 within two (2) business days following the incident.

**Step 2: Client Discusses Grievance with Program Coordinator**

The client must present their grievance in writing. The Program Coordinator will meet with the client within two (2) days of receiving the written grievance. Upon completion of the meeting, the client will receive a written decision from the Program Coordinator.

**Step 3: Program Director Conducts Grievance Hearing**

Should client lose the grievance in Step 2, he/she can request a hearing with the Program Director. The Program Director and client will meet within two (2) days of the request. At the end of the hearing, the client will receive a written decision from the Program Director. If the client disagrees with the outcome he/she may appeal to the Board of Directors in writing on the same day.

**Step 4: Board of Directors – Appeal**

The appeal will be scheduled for two (2) days after the Program Director hearing; decisions regarding the grievance will be given to client the day of the meeting.

**A Grievance hearing will not be granted for the following violations:**

1. Any client observed or reported selling drugs by Organization of Hope, Inc. staff will be discharged from the program.
2. Violent, abusive behavior, threats, or fighting with other clients/staff are grounds for immediate termination. In this case, attempts may be made to refer client to another program.
3. Any client who falsifies urine samples.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## Immediate Termination of Stay Waiver

I, \_\_\_\_\_ do agree that if at any time I violate any of the Organization of Hope, Inc. rules, especially concerning the use of Controlled Substances, refusing to provide a urine specimen, threats toward an Organization of Hope, Inc. staff or client, violation of daily curfew more than once in a monthly period.

I will willingly vacate the residential house upon request of the Program Director or his designees.

Refusal to do so will result in my being escorted off Organization of Hope, Inc. premises by the police officers of the City, County, or State.

Signed by \_\_\_\_\_ on this date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Resident Grievance System Residents' Rights

Subject to certain provisions of law, you have a right to:

- Be treated in a humane fashion
- Be free from restraints or seclusion, except in emergency when your behavior places you or others at serious threat of violence or injury
- Voluntarily use the Quiet Room, at your request or the request of staff
- Be protected from harm or abuse Except for medical reasons that are written by a physician:
  - Send and receive mail
  - Reasonable use of the telephone
  - Receive visitors during reasonable visiting hours
- Talk with your attorney or clergy at all reasonable hours
- Talk with your doctor or other staff concerning your medication, treatment, diagnosis, or prognosis
- Appropriate assessment and management of pain
- Participate in making your treatment plan
- Have your records kept confidential and request to review your medical record
- Refuse to participate in physically intrusive research
- Refuse medication except:
  - When you are dangerous to yourself or others, or
  - If you are an involuntary patient, after approval of the medication by a Clinical Review Panel
  - Complain or initiate a grievance
- Exercise your civil rights such as voting and owning property

Your rights are more fully explained in *Health General Article of Maryland's Annotated Code, 10-701 – 10-713*

If you need additional information about your rights, want a right explained to you, or want to file a grievance because you believe your rights have been violated, you may contact the Rights Advisor whose name and telephone number is listed in the rights booklet or you may call the Resident Grievance System Central Office, free of charge, at the following number:

**1-800-RGS-7454**

## **Confidentiality of Alcohol and Drug Abuse Patients**

The confidentiality of alcohol and drug abuse Client records maintained by this program are protected by federal law and regulations. Generally stated, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order or;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program regarding client confidentiality is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program, or against any person who works for the program, or about any threat to commit a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I, \_\_\_\_\_, have received and understand the above notice concerning my confidentiality rights at Organization of Hope, Inc.

\_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Letter of Receipt

I, \_\_\_\_\_, understand that the purpose of this letter of receipt is to inform me that all monies paid to Organization of Hope, Inc. are for payment of rendered services. There will be **NO REFUNDS**, regardless of reason.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date

## Release and Exchange of Confidential Information

Client Name: \_\_\_\_\_

Soc. Sec# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Organization of Hope, Inc., its Officers, Employees, and Designees to access and exchange any and all information pertinent to my case from Service Providers, Department of Social Services, Parole/Probation, and:

\_\_\_\_\_  
\_\_\_\_\_

I further agree to hold harmless and absolve Organization of Hope, Inc., its Officers, Employees and Designees from any liability resulting from such exchange of information.

This consent is valid from \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Acknowledgement of Receipt of House Rules

The purpose of this form is to acknowledge my receipt of, and understanding of the House Rules for Organization of Hope, Inc..

I have been fully explained of each rule and hereby agree to comply.

*I further acknowledge that my failure to adhere to these rules can be grounds for my dismissal from Organization of Hope, Inc..*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Program and House Rules**

1. No drugs, drug paraphernalia, or alcohol is to be tolerated at anytime. These are automatic grounds for dismissal.
2. A failure to provide a urine sample or a positive urinalysis is an automatic dismissal from the program.
3. Fighting, stealing, or threats will not be tolerated and will result in automatic dismissal from the program.

### **Other automatic termination grounds are:**

- Within the first 30 days during the Orientation Period if performance is unsatisfactory
  - 4<sup>th</sup> offense of being late
  - 4<sup>th</sup> offense of not paying on time
  - Not paying rent after 30 days
  - 10<sup>th</sup> program infraction
  - Not complying with the rules/Insubordination or failure to do choices/instructions
  - Being disrespectful and insubordinate to the staff and cursing (profanity) at staff
  - Sneaking people who are not residents and allowing them to stay overnight
  - Sexual Harassment or violation of patient rights
  - Violence on premises
  - Non participation in urinalysis test
4. No sleeping in the living room.
  5. No personal items should be in the common area.
  6. You must sign in/out for every destination.
  7. House Telephone usage limited 15 minutes at a time.
  8. Overnights/Weekends must be submitted one week in advance. You are limited to 2 times a month for overnight/weekend stays and you must have the house manager's Approval prior to leaving.
  9. All dishes, glasses, pots, pans, and cups must be washed after use.
  10. Female Guests are not allowed anywhere except in the sitting or eating area.
  11. Proper dress code adhered to all times.
  12. Curfew. You must sign in and out of the facility daily.



### Program and House Rules (con't)

Day of the Week	Curfew Time
Monday-Thursday, Sunday	11:00 am/2300
Friday and Saturday	2:00 am/0200

Any deviation or late notices must be approved by the House Manager or Coordinator and informed at least 30 minutes in advance

13. Breaking curfew is grounds for dismissal from the program. Please see below the ranges of offense and the consequences associated with it.

1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense	4 <sup>th</sup> Offense
Warning	New Curfew. Have to report back an hour earlier	Loose monthly Travel/Vacation Privilege	Immediate Termination

14. You must follow the chain of command.

<b>Level 1-</b> House Manager	<b>Level 2-</b> House Coordinator
<b>Level 3-</b> Deputy Director	<b>Level 4-</b> CEO/Founder

15. No cursing.

16. Going into other clients rooms is prohibited and grounds for dismissal from the program.

17. No loud music playing.

18. All lights, radios, fans, and televisions must be turned off when leaving a room.

19. All rooms must be neat and clean at all times.

20. Chores are to be completed daily and no later than 9:00 am

21. G.I. cleaning is to be done every Thursday and will rotate according to the House Manager.

22. All house meetings are mandatory unless you have prior approval from the House Manager or Coordinator.

23. Monthly DD/ CEO meeting with the Deputy Director or CEO/Founder is mandatory. They will occur during the third week of each month at 7:00 pm or 1900.

## Program and House Rules (con't)

24. Fire evacuation plan procedures are posted. Please read these instructions carefully. Drills will be held periodically. Be prepared. If you hear smoke detectors going off, do not ignore them or assume they have been set off by accident. Please leave the house immediately.
25. Smoking is not permitted in the house or on the front porch. Smoking is allowed in the **rear of the building and 10 feet away from any entry way.**
26. All medications (including over-the-counter medication) must remain in your lock box. (Lock boxes are mandatory for ALL clients) Compliance with any and all psychiatric medication is expected throughout tenancy. Please advise a staff member immediately if your prescriptions have changed to include a mood altering substance (anything that may alter urinalysis results) so that it may be noted in your chart.
27. Prior to moving out, the night before, the house manager will conduct a room inventory and the final walkthrough will occur at 0800 with having to be off the premise by 0800.
28. The house manager will coordinate with the House Coordinator for team building. This trip will occur initially quarterly, but could be done monthly. We will also conduct a volunteer/community project at least three 3 times a year.
29. This is a 6<sup>th</sup> month program and would like to offer some of the following services:

Potential Services			
Support Groups	Pre- employment Prep	Vocational Assistance	Business Incubator
Resume preparation	Continuing Education	Community Outreach	Family Counseling
Mentorship	Pastoral Support	Mental Health	Case Management
Substance Abuse	Housing Resources	Financial Planning	Special Projects

We will conduct a Graduation Ceremony for all participants 30 days after they have completed the program.

30. Rent payments are due by the 5<sup>th</sup> of every month. Money orders should be addressed to Organization of Hope.

For those who submit after the 5<sup>th</sup> of the month, the below chart reflects the penalty fee that is also required.

1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense	4 <sup>th</sup> Offense
\$10	\$20	\$30	Termination
Over 30 Days			Termination

## Program and House Rules (con't)

**In-take, please** bring the admission fee (\$150.00) **in cash** and the **first month's rent in a money order** addressed to Organization of Hope.

The CEO/Founder can only approve that the admission fee be prorated for 2 months (\$75 dollars extra).

*I further acknowledge that my failure to adhere to these rules can be grounds for my dismissal from Organization of Hope, Inc.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Search and Hygiene Agreement

I, \_\_\_\_\_, agree that upon admission to Organization of Hope, Inc., all personal belongings will be searched by a staff member and/or house management member during my intake. I also agree to be searched by at least two (2) staff/house management personnel upon placement into the residential housing.

I, \_\_\_\_\_, agree to practice good grooming habits and follow hygienic practices on a daily basis.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Program Fee Contract**

I, \_\_\_\_\_, agree to pay a \$ \_\_\_\_\_ initial entrance fee and a \$ \_\_\_\_\_ rent fee monthly to Organization of Hope, Inc., due upon the first of the month. I further agree that it is my responsibility to provide Organization of Hope, Inc. with verification of my income and immediately notify them of any changes. Failure to comply with this Agreement is grounds for discharge. I also agree that no part of my program fees is refundable regardless of time of discharge from Organization of Hope, Inc.

Source of Income	Income	Program Fee

Resident further agrees that pets are not authorized in the facility. In addition, Resident agrees to pay for any/all damages caused by pets to the premises. Providing incorrect or inaccurate information on the application is considered to be a breach of this agreement and shall be grounds for termination of this rental agreement. Resident is not authorized to have pets.

Resident shall keep the premises as clean, sanitary, and safe as the condition of the premises permit, including all equipment and appliances. Resident shall promptly report any defect to the Landlord/Agent. Any costs incurred for repairs made necessary due to abuse or negligent acts of commission or omission of the Resident, his family, guests, shall be paid by the Resident.

## **Resident Rental Agreement**

Resident's family, guest and employees shall abide by all rules and regulations now in effect, as well as those hereinafter made by the Landlord/Agent. A copy of said rules and regulations (if printed) which are now in effect are hereto attached. Receipt of a copy of the rules and regulations are hereby acknowledged.

### **GENERAL RULE: TERMINATION AT END OF TERM**

This Agreement shall be week to week for **6 months to extend beyond an unspecific time**, commencing with the first day of the term and shall continue unless terminated by either party in accordance with applicable Landlord-Resident Code, by either party providing the other with a minimum of thirty **(30) days' written** notice prior to the expiration of the term. In the absence of such written notice from resident or landlord this Rental Agreement shall continue upon the terms and conditions herein contained on a month to month basic, and so from year to year unless or until terminated by either Landlord or Residents by written

### **NOTICE OF EXTENDED ABSENCE**

Residents shall notify the Landlord in writing no later than the **first day of such absence of any anticipated absence from the Rental Unit of the Residents for more than 10 days**. Fair to give said notice may be treated as abandonment of the rental property pursuant to code and may be grounds for the termination of this agreement. Property will be stored for 7 days with a full 100 inventory with two individuals and then disposed of.

### **NO LIABILITY FOR LOSS OR DAMAGE TO RESIDENTS' PERSONS OR PROPERTY: INDEMNITY TO LANDLORD**

Residents agree to be solely responsible for all loss or damage to Residents or their property or to any other person which may be situated in the Rental Unit during the term of this Agreement or any renewal or extension thereof, including any loss of water, fire, or theft in and about the Rental Unit and storage area; gross negligence of Landlord, its servants, agents or employees excepted. In addition, Residents agree to indemnify and save Landlord harmless from any and all loss occasioned by the Residents' breach of any of the covenants, terms and conditions of the Agreement or caused by resident(s) family, guest, visitors, agents or employees.

Resident agrees to procure and to maintain adequate content and liability insurance in an amount not less than \$50,000.00 to afford protection against the risks herein assumed. Resident also agrees to provide landlord with written evidence of the existence and validity of this insurance at the time of the execution of this agreement and within the first 10 days and during renewal of this agreement.

## **Resident Rental Agreement (con't)**

### **FIRE AND CASUALTY DAMAGE, CONDEMNATION OR CHANGE OF OWNERSHIP OF THE PREMISES**

In the event that the Rental Unit, or any part thereof is taken or condemned for a public use, this Agreement shall, as to the part so taken, terminate as of the date titled to or possession of the Rental Unit shall vest in the condemner, whichever date Landlord may elect, and rent shall abate in proportion to the square feet of leased space so taken or condemned, or shall cease if the entire rental Unit is so taken. In the event of any total or partial taking, Residents waive all claims as against the Landlord, and so against the condemning authority, and Residents agree not to make any claim for the value of the leasehold interest by reason of such complement or partial taking. It is further agreed that Residents shall not be entitled to any notice whatsoever from Landlord for the partial or complete termination of this Agreement by reason of such taking or condemnation.

If the rental Unit herein demised, or any part thereof or the building of which the Rental Unit is a part or any part thereof, are condemned or declared unsafe by any constituted authority having the power to make such condemnation or such declaration or are the subject of a violation notice or a notice requiring repairs or construction by any such authority, Landlord, at Landlord's sole election, may cancel and terminate the Agreement, and in the event Landlord elects to so cancel and terminate this Agreement, Residents, upon notice from Landlord, shall immediately surrender the Rental unit to Landlord and this agreement shall terminate and the rent reserved shall be apportioned as of the date of such terminating. In such event, Residents waive all claims as against the authority or party making said condemnation or declaring the Rental Unit or any part thereof, or the building of which the Rental Unit is a part of the required surrender of the Rental unit, other than other claims allowed.

### **RIGHT OF LANDLORD TO ENTER PREMISES**

The Residents may not unreasonably withhold consent of the Landlord to enter into the Rental Unit in order to inspect the premises, make necessary repairs, decorations, alternations, or improvements, supply services as agreed to or exhibit the Rental Unit to prospective purchasers, mortgages, or residents so long as the Landlord provides the Resident with at least 2 hrs. notice of the Landlord's intent to enter, except for repairs requested by the Residents, and shall enter only between 8:00 am and 9:00 pm. In the case of an emergency, the Landlord may enter the Rental Unit at any time.

### **CLEANLINESS**

The Residents shall maintain the Rental Unit in a clean and sanitary condition at all times and otherwise act consistent with the Rules and Regulations and will deliver the Rental Unit to Landlord at the expiration of the term of this Agreement in a clean and sanitary condition.

### **SMOKE DETECTORS**

Smoke detectors shall be installed in the premises at the time of resident's occupancy of the leased premises. Landlord/Agent certifies to Resident that said Smoke Detectors have been installed and are in proper

## **Resident Rental Agreement (con't)**

working condition in accordance with applicable law prior to Resident's occupancy. It shall be the responsibility of Resident to check Smoke Detectors periodically during the tenancy and replace batteries as necessary to keep the Smoke Detectors in proper working condition and to report in writing any malfunctions in said Smoke Detectors to Landlord/Agent.

### **ALTERATIONS**

Resident, without the prior written permissions of the Landlord/Agent, will not remodel or make any structural changes, alterations or additions to the premises; will not paper, paint or decorate; will not install, attach, remove or exchange appliances or equipment, such as air conditioning, heating, refrigerator or cooking units, radio or television antennae, subscription or pay television devices; will not drive nails or other devices into the wall or woodwork (a reasonable number of picture hangers excepted); and will not change the existing locks of the premises or install additional locks without written consent of the Landlord/Agent. If any locks are changed, Resident must provide landlord/Agent with key(s) for the new lock.

### **VEHICLE PARKING**

No motor vehicle trailer or other such vehicle shall be parked on the property without current license plates and said vehicles must be in operation condition. Vehicles may be parked only in garages, driveways, assigned spaces, if provided, or on the street or as regulated by the building rules and regulations. Landlord/Agent assumes no responsibility or liability whatsoever for the loss of or damage to any vehicle while parked in said area other than loss or damage occasioned by negligence of Landlord/Agent.

### **RENTAL PERSONAL PROPERTY INSURANCE**

Resident agrees to obtain and maintain at Resident's sole expense, during the Term of the Lease and any subsequent renewal periods, a policy of personal liability insurance, which provides limits of liability to third parties in the amount not less than \$100,000 per occurrence. At the Resident's discretion, and sole expense, Resident may purchase an insurance policy covering Resident's personal property. Resident also acknowledges that by not maintaining a policy of personal liability insurance, he/she may be liable to others, including, if applicable, Lessor for loss or damage from fire or other negligent acts caused by the actions of Resident or any of the House Coordinator's Occupants or Guests.

### **DISCLOSURE OF INFORMATION –LEAD BASED PAINT/PAINT HAZARDS**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

\_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

\_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing

### **BEDBUG**



## Resident Rental Agreement (con't)

Resident agrees to maintain the premises in a manner that prevents the occurrence of a bedbug infestation, and to respond appropriately to any infestation. Resident agrees to comply with the following responsibilities.

Resident must report any signs of bedbugs immediately. Do not wait. Even a few bugs can rapidly multiply to create a major infestation. When an infestation is caught early, treatment is often much quicker and less disruptive to the occupants than when the infestation is more advanced.

Resident shall practice good housekeeping to prevent infestation.

**Remove clutter.** Bedbugs like dark, concealed places, such as in and around piles of clothing, shoes, stuffed animals, and laundry especially under the beds and in closets. Reducing clutter also makes it easier to carry out housekeeping. If the resident is excessively cluttered, Owner/Agent has a right, in its sole discretion, to demand that the clutter be reduced to a reasonable amount.

**Keep the resident clean.** Vacuum and dust regularly, particularly in the bedroom, being especially thorough around and under the bed, drapes, and furniture. Use a brush attachment to vacuum furniture legs, headboard, and in and around the night stand. While cleaning, look for signs of bedbugs, and report any immediately.

**Cover mattresses and box springs with zippered, vinyl coverings.** These are relatively inexpensive and can prevent bedbugs from getting inside the mattress, their favorite nesting spot. The covers will also prevent any bugs inside from getting out; they will eventually die inside the sealed cover (though this may take many months). Thicker covers will last longer. Though using these coverings is only a suggestion at this time, if a bedbug infestation occurs, you will then be required to encase any salvageable mattresses and box springs and any treatment at your own expense.

If infestation is reported or identified during inspections or move out, a pest management professional will be called in for evaluation and treatment. If infestation, resident will pay for the cost of evaluation and ALL treatments.

Remove all bedding, drapes, curtains, small rugs; bag these for transportation to the laundry or dry cleaner. Failure to promptly report bedbugs, failure to comply with treatment instructions, or any of the violation of any other provision of this Addendum is a violation and breach of the Lease Agreement. Said violation and breach constitutes grounds for eviction, and/or termination of occupancy, and/or subjecting the resident to other penalties as states.

## **Resident Rental Agreement (con't)**

### **HOLD HARMLESS**

Resident shall indemnify and save landlord/Agent harmless from any and all loss, claim or damage by reason of any accident, injury, or damage to any person or property occurring anywhere on or about the leased premises which is within the exclusive control of the resident. Further, Landlord/Agent shall not be liable for any loss or damage to property of Resident caused by vermin or by rain, storm water or stem that may leak into or flow from any part of the said premises or from any source except where such loss or damage results from Landlord's negligence, deliberate act, or violation of any applicable law. Landlord will reimburse Resident for any damages sustained by Resident due to the negligence or deliberate act of the Landlord's failure to comply with any applicable law.

### **MOVE OUT PROCEDURES**

Resident will coordinate with Landlord or with Authorized Agent to perform a move-out inspection and charges may be assessed. Keys will be turned in during the move out inspection. Failure to return keys will result in replacement key lock combination. **Move out Date will be coordinated 10 days in advance.** Resident will vacate premise not later than 8 Am on day of termination of Rental Agreement

### **DEATH OF RESIDENT**

In the event of the death of the Resident, the Landlord has the option to terminate the Rental Agreement or to extend a new Rental Agreement to the Estate of the deceased Resident subject to the same requirements of a normal application for approval of a Rental Agreement. The death of the last surviving Resident, who is signatory to this Rental Agreement, will constitute automatic termination of the tenancy. The benefit of this Rental Agreement may not be assigned, transferred or assumed by the decedent's estate, heirs, next of kin or beneficiary named in a will or trust. Any payments owed by said Resident to Landlord pursuant to this Rental Agreement shall remain a claim against Resident's estate.

### **CRIME FREE LEASE ADDENDUM**

In consideration of the execution of the renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

Resident, any members of the House Coordinator' household or a guest or other person under the House Coordinator control shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. Drug-related criminal activity means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (also defined in section 102 of the Controlled Substance Act).

## Resident Rental Agreement (con't)

Resident, any member of the House Coordinator' household or a guest or other person under the House Coordinator control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.

Resident or members of the household will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.

Violation of the above provisions shall be a material and irreparable violation of the lease and good cause for immediate termination of tenancy. A single violation of any of the provisions of this addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate lease termination under

In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Residents' Rights**

- (1) Be treated with consideration, respect, and full recognition of the resident's human dignity and individuality;
- (2) Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations;
- (3) Participate in planning the resident's service plan and program services and if applicable medical treatment;
- (4) Choose a pharmacy provider, subject to the provider's reasonable policies and procedures with regard to patient safety in administration of medications;
- (5) Refuse treatment after the possible consequences of refusing treatment are fully explained;
- (6) Privacy, including the right to have a staff member knock on the resident's door before entering unless the staff member knows that the resident is asleep;
- (7) Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation;
- (8) Be free from physical and chemical restraints;
- (9) Confidentiality;
- (10) Manage personal financial affairs to the extent permitted by law;
- (11) Retain legal counsel;
- (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy;
- (13) Possess and use personal clothing and other personal effects to a reasonable extent, and to have reasonable security for those effects in accordance with the assisted living program's security policy;
- (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised;
- (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager;
- (16) Make suggestions or complaints or present grievances on behalf of the resident, or others, to the assisted living manager, government agencies, or other persons without threat or fear of retaliation;

### **Residents' Rights**

- (17) Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the resident may have;
- (18) Receive a prompt, reasonable response from a manager or staff to a personal request of the resident;
- (19) Receive and send correspondence without delay, and without the correspondence being opened, censored, controlled, or restricted, except on request of the resident, or written request of the resident's representative;
- (20) Receive notice before the resident's roommate is changed and, to the extent possible, have input into the choice of roommate;
- (21) Have reasonable access to the private use of a common use telephone within the facility; and
- (22) Retain personal clothing and possessions as space permits with the understanding that the assisted living program may limit the number of personal possessions retained at the facility for the health and safety of other House Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## HIPAA Privacy Disclosure

### NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **Our Privacy Pledge**

We want you to understand that we respect your privacy. Other than the necessary uses and disclosures we described above, we will not sell your health information or provide any of your health information to any outside marketing company.

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OOH, Inc. must obtain your written consent before it can disclose information about you for payment purposes. For example, OOH, Inc. must obtain your written consent before we can disclose information to your health insurer or other funding entity before it can disclose information in order to be paid for services. Generally, you must also sign a written consent before OOH, Inc. can share information for treatment purposes or for health care operations. However, federal law permits OOH, Inc. to disclose information *without* your written permission under the following circumstances:

- Pursuant to an agreement with a business associate
- For research, audit or evaluations
- To report a crime committed on OOH, Inc. premises or against OOH staff
- To medical personnel in a medical emergency
- To appropriate authorities to report suspected child abuse or neglect
- As allowed by a court order

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#### **Uses and Disclosures**

Below you will find examples of how we may have to use or disclose your health care information:

1. Your doctor or a staff member may have to disclose your health information (up to and including all of your clinical records) to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
2. It may be necessary for our insurance and/or billing staff to disclose your examination and treatment records and your billing records to another party, such as an insurance carrier, your employer, a family member, other relative or close personal friend, who is involved in our care or to facilitate the payment related to your care.
3. It may be necessary for the doctor and members of the staff to use your health information, examination, and treatment records and your billing records for quality control purposes or for other administrative purposes to efficiently and effectively run our practice.

## **HIPAA Privacy Disclosure (con't)**

4. Your doctor and members of the practice staff may need to use your information (ex. name, address, phone number, and your clinical records) to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. 164.520(b)(1)(iii)(A). If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

As our patient, you possess the right to refuse to give us the authority to contact you regarding the above-mentioned circumstances. If you do not give us authorization, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

You may inspect or copy the information that we use to contact you.

### **Permitted uses and disclosures without your consent or authorization**

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

1. If we are providing services to you based on the orders of another health care provider.
2. If we provide health care services to you in an emergency or disaster relief situation.
3. If we are required by law to treat you and we are unable to obtain your consent after attempting to do so.
4. If we are provide health care services to you as a result of a Workers' Compensation injury.
5. If you are/ were a member of the armed forces, we are required by military command authorities to release your health information.
6. If we provide health care services to you as an inmate.
7. If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

Other than the circumstances described in the above examples, any other use or disclosure of your health information will only be made with your written consent.

### **Your right to revoke your authorization**

You may revoke (take away) your privacy release authorization from us at any time; however, your revocation must be in writing. You can call for information about revoking your authorization during normal business hours, or send your request to the address listed below. There are two circumstances under which we will not be able to honor your revocation request.

## **HIPAA Privacy Disclosure (con't)**

1. If we have already released your health information before we received your request to revoke your authorization. 164.508(b)(5)(i).

### **Your right to limit uses or disclosures**

If there are health care providers, hospitals, employers, insurers, or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what

individuals or organizations to whom you do not want us to disclose your health care information. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us. If we do not agree to your restrictions, you may drop your request or you are free to seek care from another health care provider.

Your right to receive confidential communication regarding your health information

We normally provide information about your health to you in person at the time you receive chiropractic services from us. We may also mail you information regarding your health or about the status of your account. We will do our best to accommodate any reasonable request if you would like to receive information in a different form. To help us respond to your needs, please make any request in writing.

### **Your right to inspect and copy your health information**

You have the right to inspect and /or copy your health information for seven years from the date the record was created or as long as the information remains in our files. We require your request to inspect and / or copy your health information be in writing.

### **Your right to amend your health information**

You have the right to request that we amend your health information for seven years from the date the record was created or as long as the information remains in our files. We require your request to amend your records to be in writing and for you to give us a reason to support the change you are requesting us to make.

Your right to receive an accounting of the disclosures we have made of your records

You have the right to request that we give you and accounting if the disclosures we have made of your health information for the last six years before the date of your request. The accounting will include all disclosures except:

- Those disclosures required for your treatment, to obtain payment for your services, or to run our practice.



## HIPAA Privacy Disclosure (con't)

- Those disclosures necessary to maintain a directory of the individuals in our facility or to individuals involved in your care.
- Those disclosures made for national security or intelligence purposes.
- Those disclosures made to correctional officers or law enforcement officers.
- Those disclosures that were made prior to the effective date of the HIPPA privacy law.

### **Our Duties**

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change in our privacy terms the change will apply for all of our health information in our files.

### **Re-disclosure**

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

### **For more information or to report a problem**

If you have questions and would like additional information, you may contact

Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3870  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909

By signing below I am ( ) am not ( ) agreeing to release any medical information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## OOH STAFF MEDIA RELEASE FORM

I \_\_\_\_\_ give my consent to have my  
(Print full name)

published in one or more of the following communications vehicles for Organization of Hope (OOH) and its subsidiaries.

- Newsletter
- Website: [www.familymattersdc.org](http://www.familymattersdc.org)
- Annual Report
- Brochure/Flyer
- Event publication
- Agency Video
- Direct Mail
- All of the Above
- Other

Understanding that I do not have to do so, I give this consent voluntarily, and I understand my comments and/or experiences will relate to my involvement with OOH.

I also release OOH from any liability in the event that I voluntarily or inadvertently disclose confidential information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date