

Corpus Christi Hope House

Shelter/Alternate Accommodation Rules

At time of admission:

_____ You must submit all identification at time of admission (Picture ID and Social Security cards for yourself and your child(ren)). You must also provide an immunization record for your child(ren).

_____ You must have Health and Human Services set up prior to admission or within 5 days of admission to our program. Your child(ren) must have Insurance coverage, Medicaid, County Clinic Card or Private Insurance. You must have applied for SNAP, TANF, WIC, and Child Support.

_____ Within 5 days of admission to our program you, and your child(ren) must have a TB screening completed.

_____ If you are pregnant, you must provide proof of pregnancy upon entering residency at Hope House (A pregnancy test will be done here as well).

_____ You agree to a drug and alcohol screening at the time of admission and at random times throughout your stay at Hope House. If you are a substance or alcohol addict you must be enrolled in rehabilitation/counseling. Complete abstinence from alcohol, tobacco, and/or drugs of any form is expected. Understand that should your screening be **positive** you are subject to **automatic dismissal**.

_____ You must provide verification of your attendance to all doctors, AA/NA, PO, and/or counseling appointments.

_____ You must sign a release of information for other agencies you may be dealing with, such as HMIS, TX DHS, Counseling Case managers, CPS, or Probation Officer etc.

In Living Quarters:

_____ You will be assigned a room, a room in an apartment, or alternate accommodations depending on your specific case. You will be given a designated area for your belongings. Clothes should be either on hangers, in drawers, or in dirty clothes container. Clothes are not to be stored loose whether dirty or clean. You are responsible for keeping your residential area clean and tidy; this includes wiping the window seals and dusting ceiling fans once a month. You must make your bed each day. You are to keep all medications in your closet on the top shelf. All cleaning products are to be kept on the top shelf in the kitchen or laundry room. Your room will be equipped with bedding, furniture, and décor. These items are property of Hope House and Alternate Accommodations and must be left upon your discharge. You will sign a form promising not to remove property. If you should decide to take property, you can expect to be served a warrant for theft. Staff will do room checks every day and will go through your items if needed.

Wash Day:

You will be assigned a laundry day. Do not wash or dry if it is not your assigned day (unless it is an emergency bed wetting or vomiting occurs talk to staff first). Be sure to clean up after yourself after completing your laundry day. Make sure not to leave your items in the washer or dryer overnight it must be empty for next day and person. Everyone is expected to keep the laundry room clean.

_____ You will be assigned specific chores duties each week. Duties will be outlined and scheduled by staff. Please make sure to keep up with them.

_____ You are not allowed to have visitors in your room or alternate accommodations. Birth Haven and Faith House living area is for clients and their child(ren) only. You may meet with your Pastor/Counselor/Caseworker, etc. in the resource room or in the shelter with prior notification and approval by staff. Anyone else should be cleared with the staff.

_____ Hope House does not tolerate shouting or profanity of any kind. Each resident is expected to treat staff and other clients with respect and courteousness; likewise, staff is expected to treat each client with respect and courteousness.

_____ No candles or incense of any kind are allowed in clients rooms or living areas. If said objects are found, resident will receive a violation. Failure to do so will result in **automatic dismissal.**

_____ No pets are allowed on the property, apartment, or rooms. Failure to do so will result in **automatic dismissal.**

THIS IS A NON-SMOKING FACILITY:

Kitchen and Meals:

_____ All meals must be eaten in the kitchen/dining room table. No food or drink allowed to leave the kitchen or dining area. All children must be seated at the table while eating. No running throughout the house with food in hand or in mouth. Please wash your child(ren)'s hands when they are finished eating before leaving the table or kitchen area. No food or drinks in bedrooms or upstairs, only water is allowed. Kitchen closes at 9:00 pm each day and must be cleaned after each use as well as the dishes they need to be washed and put away.

Medical Needs:

All medicines ADULT OR CHILDREN'S must be checked in with staff and recorded upon entry of program and upon receipt of new medications. If you have any medication in your possession that staff is not aware of it could result in immediate dismissal from the program.

Telephones/Cell Phones:

_____ Both Birth Haven and Faith House have telephones upstairs. The phones are to be used respectfully. You may make local calls for 10-15 minutes at a time and only between the hours of 8 am and 10 pm. No exceptions unless an emergency should arise. No incoming calls or long-

distance calls are allowed.

_____ Each resident that lives at Birth Haven is required to call from the Birth Haven phone upstairs to the on-call House Monitor before or at curfew time.

_____ When using your cell phones and they are personal calls please make sure not to use at dining room table, TV area, or where others can hear your conversation, step outside or take it to your room.

Mail:

_____ All incoming and outgoing mail will use the office address. Residents can pick up mail daily or office can deliver if going to the shelters.

Transportation:

_____ You will be expected to provide your own transportation except in the event of your inability to obtain transportation through either the bus, LeFleur Medical Transportation, Medicaid Transportation, or Hope House can provide bus tokens or a week's bus pass.

_____ If you have your own vehicle please make sure to park outside of driveway on the curb side in front of the shelter.

Shelter Hours/Curfew Hours:

_____ All residents must remain inside the shelter/alternate accommodations from curfew until 6 am unless an emergency arises, or approval has been given by staff.

_____ Monday through Friday between the hours of 8:30 am to 2:30 pm residents are required to be out of the shelter, either working, in school, or job searching, and children need to be in school or daycare. Sunday through Thursday nighttime curfew is 10 pm, and your child(ren) need to be in bed by 8:30 pm. Friday and Saturday curfew is till 11 pm. All residents that have a child 6 month or younger nighttime curfew is 9 pm every day.

_____ All residents must always have their keys to rooms and shelter. If residents forget keys, loses keys, or gets locked out residents will have to call **on call** House Monitor to open door. Residents will be charged \$5.00 for replacements. Residents are not to open doors for anyone and that includes other residents unless requested by staff. Failure to do so will result in **automatic dismissal.**

Life Skill Classes:

_____ Every Tuesday and Thursday from 4:30 pm – 5:30 pm you will attend our mandatory Life Skills Parenting Classes held at 3226 Reid Dr. If not able to attend Tuesday or Thursday, you will need to attend another day that week. (Violations will be given out if not attending)

Weekly Meeting:

_____ You must meet with the Case Manager on a weekly basis for a service plan review, if you fail to let the case manager know that you cannot meet at that time or do not show a warning

will be given, if residents continue to not meet with case manager you will be given a violation then may result in an **automatic dismissal.**

_____ Three of the same written violations are cause for a discharge, no ands, ifs, or buts.

_____ If resident **does not return to shelter for the night** and has no emergency documentation showing as to why. (must have date, time, and signature) this is cause for **IMMEDIATE DISMISSAL.**

_____ Should you have a concerns or complaint, you are to address with case manager, if not resolved you can speak with the Executive Director, and if not resolved you may write your concerns down and submit it to our Homeless Shelter Representative.

I _____, have read and understand the Shelter/Alternate Accommodations Rules. All my questions have been asked and answered. By signing this document, I understand that failure to follow these rules will result in a violation or automatic dismissal.

Applicant Signature

Date

Staff Signature

Date