

THE KINDRED CENTER

230-232 101st St.

Los Angeles, CA 90003

Email: Info@thekindredcenter.org

CONTRACT OF RESIDENCY

The Kindred Center is a transitional living facility for individuals who are in need of rehabilitative services. Residents are subject to substance testing at any time while living at **The Kindred Center**. **THE USE, AND/OR POSSESSION OF DRUGS AND/OR ALCOHOL IS GROUNDS FOR IMMEDIATE SEARCH AND/OR EXPULSION. IF PAYMENT IS GIVEN IS IT NONREFUNDABLE.**

All policies and procedures outlined within this contract and any applicable subsequent amendments are in full force and effect during Resident's entire residency at **The Kindred Center** unless specifically defined within a subsection of this contract. Violation of any policy or procedure outlined within this contract and any applicable subsequent amendments will result in disciplinary actions including, but not limited to, fines, fees, House probation/restriction, and possible expulsion.

Application Instructions: You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know.

Name: _____ **Today's date:** _____

SS#: _____ **DOB:** _____ **Age:** _____

Marital Status (check one): Single Married Divorced

State ID #: _____ **Identified Gender:** Male female

Ethnicity (check one): African American/Black Asian Hispanic/Latino White

Other: _____ **Are you pregnant?** YES / NO **Veteran?** YES / NO

Current Contact Phone: _____

How did you hear about our program: _____

Are you receiving benefits? YES / NO **If so, what?** _____

Why? _____

Current Living Situation (check one):

Detox		Rental Housing	
Family		Shelter	
Hospital		Streets	
Jail/Prison		Transitional Housing	

Name of current contact: _____

Current Address: _____

Are you in the process of family reunification? YES / NO

Explain: _____

Do you have children? YES / NO Ages: _____ Sex (how many): F _____ M _____

Are you paying Child Support? YES / NO Amount: \$ _____

In case of Emergency notify:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

When I leave the program forward my mail to: Same as above

Are you interested in receiving mail from a mentor while you are incarcerated? YES / NO

Have you enrolled in any services while in Prison that will continue after you are released? YES / NO

What service/program? _____ What agency? _____

Begin Date: _____

Are you willing (YES / NO) and capable (YES / NO) of working 40 hours a week of gainful employment?

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?

ALCOHOL AND DRUG HISTORY:

ALCOHOL AND DRUG USE				
Substance	Frequency of Use	Age First Used	Route (oral, smoke, inhaled, injected, or other)	Other Drug Use (Please list and explain)
Alcohol				
Heroin				
Marijuana				
Methamphetamine				
Molly/Spice				
Pharmaceuticals				

Drug of choice:

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended.

ALCOHOL AND DRUG USE		
Treatment Programs	Frequency	Date(s)
Shelters		
Domestic Violence Shelters		
Half Way Houses		
Other (Please list here):		

Are you willing to attend five 12-step Recovery Meetings each week? YES / NO

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? YES / NO

How many attempts have you made to get clean and sober in the past? _____

Most clean/sober time sustained? _____

Employment History (List most recent employment first)						
Employer Name	Phone Number	Start Date	End Date	Position	End Pay Rate	Supervisor Name

***Note: If you are currently working please give a copy of a current pay stub

Educational History					
School Type	Certificate/Diploma Awarded and Year	Start Date	End Date	Program of Study	School Name and Address
High School					
University					
Junior/Community College					
Vocational Program					

Housing History				
PRIOR LIVING SITUATION	Pay Rent	Start Date	End Date	Address
	YES <input type="checkbox"/> NO <input type="checkbox"/>			
	YES <input type="checkbox"/> NO <input type="checkbox"/>			
	YES <input type="checkbox"/> NO <input type="checkbox"/>			
	YES <input type="checkbox"/> NO <input type="checkbox"/>			

Reason for leaving a prior living Situation		
Arrested <input type="checkbox"/>	Discharged <input type="checkbox"/>	Non-Payment of Rent or Occupancy Charge <input type="checkbox"/>
Completed Treatment Program <input type="checkbox"/>	Loss of Employment <input type="checkbox"/>	Parole/Probation Violation <input type="checkbox"/>
Criminal Activity/Violence <input type="checkbox"/>	Marital Separation <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Destruction of Property <input type="checkbox"/>	Non-Compliance of Housing Authority <input type="checkbox"/>	Other:
Explain, if other:		

BRIEF MEDICAL HISTORY

Are you under a physician's care? YES / NO

If yes, explain:

Name of Doctor: _____

Phone: _____

Agency Name and address:

List ALL Medications Prescribed and allergies with side effects:

Will your doctor prepare a work release letter? YES / NO

List ALL past and current Physical issues:

List ALL past and current psychiatric issues:

Are you under the care of a behavior health facility or specialist? YES / NO

If yes, explain:

Name and Location of facility:

Have you ever attempted suicide? YES / NO

Date: _____

If yes, explain how and triggering event:

LEGAL HISTORY:

Do you have current charges? YES / NO

If yes, what? _____

If yes, next court date: _____

Are you a parole violator? YES / NO Reason for Violation: _____

Anticipated Release Date: _____

Are you on supervision? (circle one) IPS - Direct - Regular – Parole - Fed Probation - No Supervision

Agency: _____ P.O. Name: _____

Phone: _____ Office Location: _____

Do you have court fines? YES / NO How much? \$ _____ Do you have community service? YES / NO How many hours? _____

Have you ever been arrested for any sex crimes? YES / NO

If yes, explain:

List all arrests, convictions, sentences, prior prison or jail commitments and probation history (list places and dates – use back of this sheet, if needed).

APPLICATION VERIFICATION:

The Kindred Center requires this information to process your application. Who can we call to verify this application? (Check one)

Parole/Probation Public Defender Attorney Case Manager COIII Pretrial

Veterans Representative Other: _____

Name: _____ Fax No. (____) _____

Phone #: _____ Email: _____

Did you read the lodging agreement and house policies? YES NO
Are you clear on what is expected of you? YES NO

By signing below, I provide **The Kindred Center** authorization to share information included in this application with legal and medical agencies:

Sign Here: _____ Date: _____

All information on this application is true to the best of my ability:

Resident Signature: _____

Resident Name (Print): _____ Date: _____

Resident Bio-Letter: Use back of page if needed.

Last name: _____ First name: _____ Date: _____

Please tell us about yourself (your likes & dislikes, etc):

Please tell us why you desire to live at **The Kindred Center**:

What abilities do you think you possess that will help you be successful at **The Kindred Center**:

What are your reasons for applying to live at **The Kindred Center**?

What actions do you think you will need to take in order to accomplish the goal of reintegrating into the community at large?

RESIDENT POLICIES – RENTAL AGREEMENT

PLEASE READ CAREFULLY

The undersigned understands and acknowledges that our program is an alcohol and drug free shared/individual housing property managed by **The Kindred Center**. The undersigned resides in the capacity of a resident sharing a housing unity and not as a tenant with rights or possession of space exclusively. The undersigned agrees to pay program fees (monthly rent) of \$ _____ or (bi-weekly rent) of \$ _____ and apply for services with a supplemental program, such as the Social Security Administration or Veterans Administration, immediately. The undersigned resident agrees to participate in and abide by the Policies and Rules. The undersigned agrees to vacate the shared accommodation if the rules are violated and payment is nonrefundable. The following Resident Policies are to be observed by all residents. These Policies have been set forth to maintain a clean, safe, and healthy living environment for those in recovery. Our goals are to help each resident attain their goals of self-sufficiency by maintaining positive and appropriate social skills while finding and maintaining employment.

THIS AGREEMENT entered on this day of _____ between The Kindred Center and (Print Name) _____, regarding participating at The Kindred Center transitional housing, includes the following conditions:

RESIDENT RIGHTS

1. **Violence Free Environment:** Maintaining a violence free environment is critical to establishing a sense of safety. For this reason, violating the rights of others may be grounds for terminating some or all services. Intimidation or violence towards residents or staff is prohibited. Please respect your peers and residential staff. No weapons of any kinds are allowed on property.
2. **Spiritual Customs:** Residents have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, please do not impose any of your beliefs, try to recruit anyone to practice your religion, and do not practice any customs that involve fire or smoke inside the residence.
3. **Privacy and Confidentiality:** Residents may not enter another person's room without permission. The Kindred Center staff will not discuss resident's information, including billing agreements or program concerns with other residents.
4. **Complaints and Grievances:** Residents may file a complaint or grievance with The Kindred Center staff. Complaints and/or grievances will not adversely impact the resident services.

RESIDENT RESPONSIBILITIES

Respect for Residents and Staff:

1. **Visitors:** NO overnight guests are allowed. If any guest causes dissension on property, that guest will be asked to leave. If you have a sponsor, visits with sponsors are recommended and encouraged.
2. **New arrival Curfew:** All new residents will return to the house by 8 pm every day for 30 days, then, adhere to standard curfew rule. New residents will abide by the standard curfew after employment has been verified. Attaining employment immediately will directly benefit each

resident. **For those late for curfew, you may be required to drug test and pay a \$15 test fee and/or will not be able to enter into the facility.**

3. Standard Curfew: All residents who are working will be expected to return to the facility by 11 pm Sunday –Saturday. A 10 pm curfew will be in effect while on probation and working. Otherwise, 9 pm will be the standard curfew. **For those late for curfew, you may be required to drug test and pay a \$15 test fee and/or will not be able to enter into the facility.**
4. Noise Levels: We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.
5. Smoking: Absolutely no smoking in the facility due to insurance liabilities. Smoking is allowed in designated smoking areas only.
6. Pets: Residents are not permitted to have any pets not approved by Managing Staff.
7. Sanitation: Program participants have the right to live in a clean and welcoming environment. Residents will keep the premises clean at all times, and upon discharge will leave the premises in as good of condition as when this agreement was entered. Each resident is requested to eat their food in the common areas. **NO FOOD ALLOWED IN THE ROOMS.** Residents are responsible for cleaning their personal room and all community common areas such as grounds and laundry room. All residents are encouraged to assist in daily and weekly maintenance of the facility.
8. If rules are violated, client will be discharged and no refund will be given.

Respect for Self:

1. Sexual Activity: No sexual activity in the facility or on the grounds at any time.
2. Drug and Alcohol Use: Occupancy is made available on the strict understanding that the house and its residents are to be, at all times, drug and alcohol free. Alcohol and illegal drugs are not allowed on facility premises or any mind altering substances at **ANY** time. If No addictive psychiatric medications that are not approved and prescribed by your primary care doctor or psychiatrist are allowed. If you have questions regarding your recovery, please don't hesitate to ask Staff. Please be aware of other resident's recovery needs. In addition, guests of a resident who are under the influence of any type of mind altering substances are not permitted, at any time on the grounds. **ALL RESIDENTS WILL BE REQUIRED TO SUBMIT TO RANDOM URINE TESTING WHEN REQUESTED BY STAFF.**
3. Medication: Those residents who are prescribed medication(s), The Kindred Center will assist with dispensing the medication. Our policy prohibits abusing mind-altering medications. All medications are required to be entered in medication log. (See facility manager). Medications will be placed in a secured and locked place. No sharing of any resident's prescribed medications.
4. Dress Code: All residents must be properly attired at all times including while sleeping.
5. Pornography: **NO** pornography is allowed in the facility.

Respect for Property:

1. **Alteration to Property:** Residents may not make any alterations to the property due to The Kindred Center lease agreement with the property owner. This includes alteration of cable or internet connections, installation of paneling, flooring, built in decorations, partitions or railing, shades, blinds window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, clothes washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture, refrigerator or coffee pot in their room.
2. **Vehicles:** To operate and/or park a motor vehicle while residing at the facility a valid driver's license, proof of insurance and registration are required. If car is towed, hit, burglarized, or ticketed, it is at the car owner's expense.
3. **Weapons:** No weapons of any kind are allowed on premises.

Legal Accountability:

1. **Probation/Parole Requirements:** If you are on probation/parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Community Service:** Residents can participate in court ordered community service at the property if approved by parole/probation officer. Staff will supervise and sign off on all work.

Basic Resident information:

1. **Activity/Work Plan:** We require all residents to participate in the in-house groups provided by The Kindred Center which could involve more addiction recovery programs, employment or volunteer work. All residents that are required to work will be dressed and out of the facility at their assigned time.
2. **Passes:** Pass request forms must be completed with a minimum of two week's notice. A minimum of thirty days in the house is required before a pass will be considered. The supervisory agency will approve all passes based on performance at the facility. All program fees must be current for the pass to be approved.
3. **Sleeping:** All residents must be awake, dressed, and areas cleaned by 8:00 am on week days. Residents are requested to sleep in their bed and not around the facility. Day sleeping is not allowed unless specifically approved.
4. **House activities:** All residents are asked to participate in all house activities including weekly facility meetings, group sessions, and daily and weekly housekeeping duties.
5. **Twelve Step Meeting Attendance:** All residents are required to attend at least 5 outside or in-house 12 step meetings per week.
6. **Sponsors/Mentors:** If you are attending any 12 step Recovery meetings, it is imperative that you get a 12 step sponsor and/or mentor immediately.

7. House Liability: The Kindred Center is not liable for any personal property during or after the resident's discharge from the facility. Please limit what you bring. The Kindred Center will dispose of all personal property 30 days from discharge date. A written notice must be submitted to the facility manager upon departure for anyone else to pick up personal property. Upon your termination, you shall have no further entry rights to The Kindred Center unless granted by management regarding removal of personal property. After the 30 days all property will be disposed of in any manner set forth by The Kindred Center.

Personal Boundaries and Limits

1. Sober Living at The Kindred Center residents may not be involved in any sexual or intimate relations with one another (e.g. roommate or program resident/participant).
2. Male residents and female residents may not visit in each other rooms. Male residents may not visit the women's corridor and female residents may not visit the men's corridor.
3. Residents may not loan or borrow money, tokens, or other valuable items from each other.
4. If you lose your room key, you will have **to pay \$5 for each additional key**.
5. Residents and staff may not engage in any contact of personal nature (i.e. monetary transactions, gift giving, intimate contact, and any other unacceptable behavior) that may suggest a personal relationship. This may result in a automatic termination of residency and employment.
6. Psychotropic medication may not be kept in a resident's room. Residents should give this medication to their Care Manager/Program Director, which will be logged and dispensed by program staff. Residents may not take codeine unless prescribed by a physician, and the resident's parole agent must provide written permission to the program staff for the use of codeine.
7. Residents may not post inappropriate materials in their rooms (e.g. nude pictures, offensive language, etc.) nor is any gang identification permitted.
8. Once a resident begin working, you will be expected to save at least 75% of your income. You will be asked to verify your savings on a regular basis.
9. Within 30 days upon entrance into the program, residents will be required and referred for a TB test, and annually thereafter.

I HAVE READ AND UNDERSTOOD THE ABOVE AND WILL SIGN AND DATE THIS DOCUMENT IN COMPLIANCE WITH TERMS. **(Please check the box)**

Please print the following on the line below:

I HAVE READ AND UNDERSTAND THE FACILITY POLICIES AND LODGING AGREEMENT

Residential Information Concerning Applicant/Resident May Be Shared With Appropriate Agencies

Signature of Resident: _____

Date: _____

Print Name of Resident: _____

Signature of Intake Specialist: _____

Date: _____

MEDICATION CONSENT FORM

I, _____, hereby request that The Kindred Center, Inc. safe-keep my medication in a locked place that only the staff of The Kindred Center, Inc. have access.

I understand that it is my responsibility to take my medication at the prescribed time and that The Kindred Center, Inc. is not required to remind or notify and supervise the taking of my medication.

I hereby indemnify and hold The Kindred Center, Inc. harmless of any fault or responsibility associated with taking my medication.

Signature of Resident: _____

Date: ____ - ____ - ____