



Intake Verification

Resident Name _____

Today's Date _____

Copy of Identification in File? (✓)

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I, _____, have reviewed the above documents and they have been explained to me and I agree to comply with all policies, rules, and the financial agreement of Charlie's ¾ House, Inc. Furthermore, I understand that if I am discharged (voluntarily or involuntarily) I have 24 hours to remove my personal belongings or they will be disposed of accordingly. I hereby state that I understand and agree to everything that I have read and has been explained to me and I do signify by voluntarily signing below and initializing and dating the pages attached.

_____ I understand that by initializing this line, I agree to receive no copy of the policies and documents above. I have read and/or had the information related to me. I understand what is expected of me.

_____ By initializing this line I am acknowledging that I have received a copy of the above policies and documents. I also acknowledge that I understand what is expected of me.

Signed _____ Date _____

Witness/Staff _____ Date _____



Financial Disclosure Waiver

I do hereby give my consent for Charlie's ¾ House, Inc. to give my current rent balance, any amount previously owed to Charlie's ¾ House, Inc. and/or my payment history to any of the following:

- Department of Health and Human Services
- Any organization that assists in paying rent
- Treatment Centers
- Other Transitional Houses



Authorization for Disposition of Personal Property

I am aware that it is my responsibility to remove all of my personal property from Charlie's ¾ House, Inc. when I move out, or within 24 hours of my discharge.

I hereby authorize Charlie's ¾ House, Inc. or their agent to make disposition of any and all personal property that is not removed by me or my designee within the allotted 24 (twenty-four) hour period. I am also aware that if my belongings are not removed upon discharge, there will be a \$20 surcharge for the handling of my property.

Resident Signature: _____

Date: _____

Witnessed by: _____

Date: _____



Computer Guidelines

Charlie's ¾ House, Inc. is pleased to provide our residents with free internet access to aid in the search for jobs, housing or other AA focused goals.

Internet Use Agreement

I agree that internet usage is a privilege and not a right. When using any computer at Charlie's ¾ House, Inc. I agree to follow the guidelines and standards for ethical and legal use.

Ethical Use

Responsible and ethical use of the internet includes the following:

- Using computers in a responsible manner, consistent with the educational, job search, housing search and informational services for which they were provided;
- Respecting the privacy of others by not misrepresenting oneself as another user;
- Refraining from making any changes to the setup or configuration of the software or hardware;
- **Examples of unethical use include, but are not limited to:**
- Using the internet for any unauthorized, unethical or illegal purpose;
- Attempting to gain access to or modify files, passwords or data belonging to others;
- Sending, receiving or displaying text or graphics which may reasonably be construed as obscene;
- Distributing or exhibiting materials in violation of US Copyright Law;
- Violating SLAs (Software License Agreements) or network usage policies.

Legal Use

Charlie's ¾ House, Inc. computers may not be used to break any federal, state, or local law. No resident is permitted to use Charlie's ¾ House, Inc. computers to view obscenity or child pornography, or to display such content. Violators of this license agreement may be discharged from Charlie's ¾ House and/or may have their computer privileges revoked.

Sanctions

Violators of the Internet Use Agreement will be dealt with in a serious and appropriate manner. Illegal acts involving Charlie's ¾ House, Inc. computers may also be subject to prosecution by local, state or federal authorities.



Financial Agreement

- I agree to remit the financial contribution on the date it is due, or make arrangements with the director.
- If for any reason I am discharged, no refund of rent will be made.
- I agree to make a minimum contribution of \$100 per month toward food.
- I agree to follow all rules of the house as explained by the director.
- I agree to keep current on my rent of \$78/week and making payments on any accumulated balance by making arrangements with the director.
- Rent is due on Friday. The week begins on Monday.
- I agree to make a key deposit of \$10 per key provided to me.



Authorization for Release of Information/Property

I, _____, whose date of birth is _____ and whose Social Security Number is _____ - _____ - _____, hereby grant my permission for

Charlie's 3/4 House, Inc. to disclose to _____
(print full name or title of person to which disclosure is to be made)

and/or release property to _____
(print full name or title of person to which property is to be given)

the following information from my records or property:

(State specifically the extent or nature of the information or property to be released). The purpose or need for such disclosure/release of property is to facilitate appropriate treatment for drug/alcohol dependence).

(UNRESTRICTED COMMUNICATION)

This consent may be revoked by me at any time except to the extent that action had been taken in reliance thereon.

This consent will expire 90 days from the date of authorization (unless expressly revoked earlier).

Date of expiration: _____

Signed _____
Signature of client or person authorizing consent

Date _____
Date Signed

Signed _____
Witness

Date _____
Date Signed



Medical Care Disclaimer

It is expressly stated that Charlie's ¾ House, Inc. provides neither temporary nor long-term medical treatment for the disease of alcoholism. It is further stated and understood that Charlie's ¾ House, Inc. is not involved directly or indirectly in any medical practices, treatments, counseling, or care of any type of medical affliction.

This further extends to pharmaceuticals. Charlie's ¾ House, Inc. does not and will not prescribe medication, provide or administer any pharmaceuticals whether prescription or over-the-counter.

All medical care is the responsibility of the resident only and shall not involve the facility in any way shape or form.



Individual Rules of Conduct for Residents of Charlie's 3/4 House

ALL CHARLIE'S RESIDENTS WILL:

1. Remit their financial contributions on the due date or make arrangements with the house director.
2. Get a job or make arrangements with the director.
3. Report to the office by 8:00am Monday through Friday if not working or not in a training program. Provide the day manager with a detailed plan for your job search on that particular day.
4. Adhere to house curfew: Sunday through Thursday 11:30pm; Friday and Saturday 1:30am.
5. Keep themselves neat and clean (bathe daily).
6. Keep their room/area clean.
7. Make their beds daily.
8. Place designated name tag in a prominent location to identify your assigned area.
9. Check in with staff daily. Staff is responsible for monitoring the house in the director's absence.
10. Provide up to 6 (six) hours of house community service per week if working or attending school. Provide at least 12 (twelve) hours if not working or attending school.
11. Attend 6 (six) AA or NA meetings per week as directed
12. Get an AA or NA sponsor within 30 (thirty) days of entering the house.
13. Attend all in-house community meetings.
14. Sign in and out when entering or leaving the house.
15. All televisions and radios will be turned off by 11:30pm Sunday through Thursday, and 1:30am Friday and Saturday.
16. Smoking shall be in designated areas only per house director.
17. Bed check and lights out will be made at 11:30pm Sunday through Thursday and 1:30am Friday and Saturday.
18. There will be no cooking after 11:00pm
19. Verbal abuse of staff, residents or others will not be tolerated.
20. The house phone lines are business lines and are not to be used by residents unless authorized by the director, or in line with CSOP duties.

Resident Name (Initial) _____

Today's Date _____



House Rules

Violation of any of the following rules is grounds for **immediate** dismissal.

1. The possession or use of alcohol or drugs on or off the premises is strictly prohibited.
2. The use of prescription narcotics on or off the premises is strictly prohibited.
3. No fighting on or off the premises. This shall include the threatening or menacing of another.
4. No gambling on or off the premises.
5. Refusal to submit to a random drug screen.
6. Refusal to submit to a search of personal belongings.
7. Having guests in the living quarters without permission of the director is prohibited.
8. Having guests of the opposite sex in the living quarters at any time is prohibited.
9. There will no borrowing or lending of money between residents.
10. The possession of weapons of any kind on the premises is prohibited.
11. Sexual activity of any kind on the premises is prohibited, whether with guests, staff, residents or other.
12. There shall be no unauthorized modification to the facility's structure or its systems.
13. Theft of any kind is prohibited.

In the event that a resident is asked to leave due to rules violations, no refund of rent will be made. In the event that a resident is asked to vacate the premises due to a rules violation, all personal belongings must be removed within 24 (twenty-four) hours, or they will be disposed of accordingly. If a resident is asked to leave as a consequence of a rules violation, and refuses to do so, a criminal trespassing warrant will be signed and issued.

Resident Name (Initial) _____

Today 's Date _____



Search Policy

The management of Charlie's ¾ House, Inc. reserve the right to search a resident's personal belongings without prior notice when a resident is suspected of possessing alcohol, drugs, weapons, or property taken from another resident without express permission.

A search will take place in accordance with the following guidelines:

- Only in the presence of said resident;
- Only with the permission of said resident;
- Only when authorized by the House Director with a member of the day of night staff present, acting as a witness to the search.

Should a resident refuse to allow a search of his personal belongings, such refusal shall be considered an admission by the resident that he is in violation of the House Rules governing alcohol, drugs, weapons, or theft from another resident.

Drug Test Policy

Charlie's ¾ House, Inc. reserves the right to drug test anyone at any time.

If any resident is positive on a test, you will be discharged. Refusal to take a test is also considered an admission of guilt and you will be discharged.



Fire/Disaster Evacuation

The following notice is posted in each apartment. Read this "Fire Map" notice immediately upon entering your living quarters for the first time. Then physically see the fire exit for your apartment and find the fire exits for the other floors for your building, as well as where you go in the event of a tornado or other natural disaster.

Fire Map

Charlie's ¾ House

Emergency Evacuation Plan Procedures

When Smoke Detector Alarm Sounds:

Take time to familiarize yourself with the fire exits.

Fire Exits

1st floor – out front door to street (all units).

2nd floor – Back door at main stairway.

3rd floor – Fire escape at front windows or take stairway to back door on 2nd floor.

1. Check door for signs of heat before opening it.
 - a. If door is HOT, DO NOT open it – check fire map for other location (nearest window).
 - b. If you see signs of smoke around the door, open it SLOWLY and crawl on the floor to the nearest assigned exit (there is always more oxygen near the floor).
2. Follow ARROW directions on fire map for location of nearest assigned exit.
3. Evacuate the house through assigned fire exit and proceed to the back of the building and check in with Staff On Duty.

MEET IN REAR YARD FOR CHECK IN COUNT

Charlie's 3/4 House Resident Name

NAME

PHONE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

WORK SCHEDULE

All residents **MUST** have this name tag hung over or by their beds.



Resident Room Responsibilities

Each resident of this apartment is responsible for the following:

- ⇒ Keeping your personal area clean and organized at all times – including under the bed.
- ⇒ Make your bed before leaving the apartment.
- ⇒ Assist your roommates in keeping the common areas clean and organized. This includes the bathroom, kitchen and hallways.
- ⇒ Do not leave dirty dishes in the sink.
- ⇒ Clean the kitchen after every use.
- ⇒ Clean up after yourself before leaving the bathroom.
- ⇒ Do not leave uncovered food in the refrigerator.
- ⇒ Empty trash into the appropriate receptacles.
- ⇒ Do your part in keeping the apartment supplied with toilet paper, paper towels and necessary cleaning materials.
- ⇒ Contribute to the purchase of food.
- ⇒ Work with your roommates to establish a reasonable schedule to adequately fulfill your obligations.
- ⇒ Any problems you encounter should be worked out by communicating with your roommates first. If the problem remains unresolved bring the matter to your room coordinator. Your room coordinator's name and phone number is posted in each apartment.
- ⇒ **Always make sure that new arrivals are taken care of.**



To whom it may concern:

This is to verify that _____ is a resident, in good standing, at Charlie's 3/4 House, Inc. since _____. He is currently residing at 2121 Vine Street, Cincinnati, OH 45202. Charlie's 3/4 House is transitional housing for homeless men in the early stages of recovery from alcoholism.

Some of the requirements to remain a resident include finding gainful employment; pay \$312 a month rent (utilities included); attend a minimum of 6 AA meetings weekly; get an AA sponsor and work with him; provide their own food; do at least 6 to 12 hours of house community service each week.

Charlie's 3/4 House maintains a strict curfew and does random drug testing.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Nortker". The signature is fluid and cursive, with a large initial "J" and "N".

James A Nortker
Executive Director
Charlie's 3/4 House, Inc.

CHARLIE'S ¾ HOUSE MANDATORY MEETINGS

Jobs Meeting

If you are not gainfully employed with full time work or attending school, this meeting is mandatory. Exceptions are granted by the House Director or if you are at work.

Meeting Time: Mondays at 5:45 P.M.

House Community Meeting

This meeting is for the community of Charlie's ¾ House to share any concerns, problems as well as hear any announcements from the House Management. This meeting is mandatory for all residents. Exceptions are granted if you are working, in school or have an arrangement with House Management. Notify CSOP in advance (513-784-1853). **If unable to attend, it is your responsibility to learn of any pertinent information shared at the meeting.**

Meeting Time: Tuesdays at 6:00 P.M.

Relapse Prevention

This meeting is mandatory for residents in their first 90 days of residency, although attendance is strongly recommended for all. It is a meeting designed to educate you about your disease and practical methods of dealing with it.

Meeting Time: Wednesdays at 7:00 P.M.

**IT IS YOUR
RESPONSIBILITY TO
ENSURE THAT
YOUR CHORE OR
CSOP SHIFT IS
COVERED. IF YOU
CAN'T DO IT, IT IS
YOUR JOB TO FIND
SOMEONE WHO CAN.**

Did you know there is a way to contribute to Charlie's $\frac{3}{4}$ House while grocery shopping? Kroger's has a program that donates to our House based on your purchases at their stores. All you have to do is register your Kroger Plus Card online and link it to Charlie's $\frac{3}{4}$ House through the Community Rewards link on their web site. The best part? **It will not affect any other rewards earned on your Kroger Plus Card.**



STEPS FOR ENROLLING IN KROGER COMMUNITY REWARDS PROGRAM

1. Get a card. It's simple. Go to Kroger's and ask a cashier or service representative the next time you go to Kroger's.
2. At your computer, go to KrogerCommunityRewards.com and click on create an account. If you already have an account, simply sign in.
3. Follow the prompts and enter your email address and your password. If you don't have an email address, ask one of the more computer literate members of the House to help you create one.
4. Enter the number found beneath the barcode on the back of your Kroger Plus Card.
5. Select your preferred Kroger location. (Just use your zip code to find one – any Kroger location will do).
6. Scroll to the bottom of the page and find the Community Rewards tab/link. Click on this.
7. Enter the required information and click continue.
8. The number for the organization you want to enroll is **75781**.
9. Make sure the box is checked for Charlie's $\frac{3}{4}$ House and hit continue. You are now enrolled.



Valid Photo ID



DEPARTURE SUMMARY

Name: _____

Today's Date: _____

Departure Date: _____

Reason for Departure:

Medicine Inventory:

House Director: _____ Date: _____

Resident's Rent Balance: _____

Category of Departure (Circle One)

POSITIVE

ADMINISTRATIVE

NEGATIVE