CURRENTLY, ONLY ACCEPTING SINGLE MALES AND FEMALES!

Independent Living Program Participation Agreement

This Participation Agreement establishes the framework for your participation in the Healing By Dezigns Independent Living Program.

A. Program Purpose

Our Independent Living Program supports your journey toward self-sufficiency through structured community living while you develop independent living skills and work toward your personal goals.

B. Legal Framework

- This creates a program participation relationship, not a landlord-tenant relationship
- You receive a revocable license to occupy your assigned living space
- Governed by independent living program regulations, not residential tenancy laws
- Participation is month-to-month, renewable based on compliance and program goals

C. Community Living Standards

Authorized Occupancy

- Only approved program participants may reside in living spaces
- No subletting, extended housing of others, or sharing access credentials

Visitor Policy

- Daytime visitors only: 10 AM - 2 PM with 24-hour advance notice to staff
- No overnight guests permitted under any circumstances
- Outdoor visits preferred, no indoor common area visits
- Maximum 1 visitors at one time
- You are responsible for guest behavior and cleanup
- Guest must leave within the prescribed time frame provided

Community Expectations

- Maintain your living space in clean, safe condition
- Respect quiet hours (10 PM - 7 AM) and shared spaces
- Participate in weekly community meetings and program activities
- Complete assigned household responsibilities
- Follow conflict resolution procedures and communicate respectfully
- Work collaboratively with case management toward your goals

Prohibited Activities

- Theft
- Illegal drug use or possession
- Violence, threats, or harassment
- Tampering with safety equipment or building systems
- Any activity compromising community safety or program mission

D. Response to Policy Violations

Progressive Steps:

1. **Initial Discussion** - Verbal conversation with case manager
2. **Written Notice** - Formal documentation with improvement timeline (typically 7-14 days)
3. **Final Warning** - Program review meeting with improvement plan
4. **Program Conclusion** - Minimum 48-hour notice (except emergencies)

Emergency Situations: Immediate safety threats bypass progressive steps and result in immediate program conclusion.

E. Participant Rights

- Treatment with dignity and respect
- Due process before program conclusion
- Appeal rights for program decisions
- 48-hour notice for non-emergency terminations

Appeal Process: Appeals must be submitted in writing within 48 hours of decision to the Program Director. Appeals will be reviewed within 5 business days with written response provided.

Participant: _____ Date: _____

Program Representative: _____ Date: _____

Program Transition & Discharge Form

Participant Information

- Name: _____
- Living Space: _____
- Entry Date: _____
- Discharge Date: _____

Reason for Program Conclusion ☐ Successful completion/Goal achievement
☐ Voluntary departure
☐ Transfer to other Healing by Dezigns program
☐ Policy violations - Specify: _____
☐ Safety concerns - Detail: _____
☐ Program mismatch - Better suited for different services
☐ Other: _____

Internal Steps Taken Prior to Discharge ☐ Verbal counseling/discussion
☐ Written warning issued
☐ Behavior improvement plan developed
☐ Program review meeting conducted
☐ Case management consultation
☐ Emergency action required (see emergency form)

External Support Referrals Provided ☐ Counseling services referral
☐ Case management resources
☐ Housing assistance programs
☐ Benefits coordination
☐ Transportation resources
☐ Employment/training resources
☐ Other: _____

Participant Feedback/Exit Interview Goals achieved:
_____
Program strengths: _____
Suggested improvements: _____
Future support needs: _____

Discharge Process

- Notice Period Given: _____ hours/days
- Personal Property: Must be removed within 48 hours (72 hours for planned transitions)
- Property Storage: Items left beyond deadline stored 7 days, then donated
- Items Returned: ☐ Keys ☐ Access cards ☐ Other: _____

Participant Signature: _____ Date: _____
Program Representative: _____ Date: _____

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Emergency Program Conclusion Notice

Date: _____
To: _____ (Participant Name)
Living Space: _____

Immediate Program Conclusion Required

Your participation must conclude immediately due to circumstances requiring emergency action for community safety.

Emergency Reason ☐ Immediate safety threat
☐ Violence or threats of violence
☐ Criminal activity on premises
☐ Serious property damage
☐ Severe intoxication requiring emergency response
☐ Refusal to allow required wellness/safety checks
☐ Other: _____

Immediate Actions Required

- Vacate premises immediately
- Personal belongings: May be retrieved with staff supervision within 24-48 hours
- Extended storage: Available for 7 days if immediate pickup not possible
- Return items: Keys, access cards, program property

Law Enforcement Involvement ☐ Law enforcement notified due to:
_____
☐ No law enforcement involvement required

Emergency Resources Provided ☐ Emergency shelter referrals
☐ Crisis intervention contacts
☐ Transportation assistance
☐ Medical coordination

☐ Case management follow-up scheduled
☐ Other: _____

Appeal Rights You may request review of this decision within 48 hours by contacting:
Program Director: _____
Phone: _____
Email: _____

Emergency Contact Information:

- Crisis Line: _____
- Emergency Shelter: _____
- Case Management: _____

Issued by: _____ **Title:** _____
Signature: _____ **Date:** _____

Visitor & Community Guidelines (Quick Reference)

HEALING BY DEZIGNS
Community Guidelines

Visitor Policy

- **Daytime only:** 9 AM - 9 PM
- **24-hour advance notice** required
- **Outdoor areas preferred** - indoor common areas during bad weather with staff approval
- **Maximum 3 visitors** at one time
- **No overnight guests** - zero exceptions
- **You are responsible** for guest behavior

Daily Community Standards

- **Quiet hours:** 10 PM - 7 AM
- **Keep spaces clean:** Personal and shared areas
- **Respect others:** Space, belongings, recovery process
- **Report issues:** Maintenance, safety, conflicts
- **Attend meetings:** Weekly community meetings mandatory
- **Household duties:** Complete assigned responsibilities

Violation Response

1. Discussion → 2. Written Notice → 3. Final Warning → 4. Discharge

Emergency Situations = Immediate Discharge
Violence, threats, criminal activity, safety violations

Important Contacts

- **Program Director:** _____
- **Case Management:** _____
- **Maintenance:** _____
- **Emergency:** 911

- **Crisis Line: _____**

I understand and agree to these community guidelines.

Participant Signature: _____ Date: _____