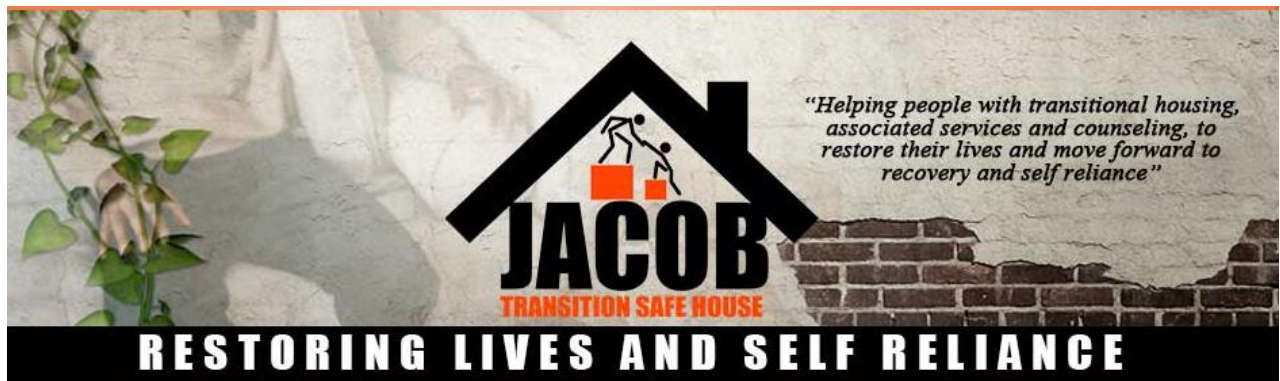


Jacob Transition Safe House Inc.



Overview & Pre- Assessment Packet

Background

Jacob Transition Safe House Inc, (JTSH) is a not for profit 501 © 3 organization that operates as a transitional housing program, located in Naples, Florida. Larry Farguson, owner, established this transitional housing over 25 years ago. The program and services were birthed (God inspired) and created after his recovery from years of substance abuse. Jacob Transition Safe House initially began with two fully furnished 2 bedrooms duplexes with accommodations for up to six individuals. Formerly named Jacob Safe House has since then expanded and transformed to now included several multi-units within Golden Gate City. The residents are housed in residential units with a minimum of 3 or maximum of 5 members. All members reside within less than a 5 miles radius of their main meeting site. JTSH then housed an average of 30 residents 24 males and 6 females of diverse age, ethnicity, and race. The program expanded its mission to providing wrap around residential services to incorporate community partners that residents can have access to internal and external community services which further support residents' reintegration into the community. Many have successfully moved on and are functioning as productive contributors of their society.

Mission Statement

To empower individuals on becoming, conscientious, responsible, positive goal-oriented contributors of society.

Vision

JTSH provides a “Wholistic” approach to support Individuals including those in Recovery, Re-entry, Youth Aging out of Foster Care and others targeted groups by facilitating Housing, Community Support Systems, Educational Resources and Employment Programs as part of their entry into the community.

Pre-Assessment Packet

To be considered in Jacob Transition Safe House Inc. complete the Pre- assessment packet; this is used to gauge individual residents' needs and personal goals as well as areas of deficiencies in need of immediate support.

Name: _____ DOB: _____

Martial Status: Single Divorce Separated Widow

Applicant Current Address: _____

How did you hear about us? _____

Referral Agency: _____

Contact Person _____ Phone: _____

PERSONAL HISTORY

1. Are you addicted to drugs? YES NO
2. What is your drug of choice? _____
3. Are you an Alcoholic? YES NO
4. What is your alcohol of choice? _____
5. Date of last drug test? _____
6. When was your first attempt at Recovery? _____
7. Have you ever attended 12 step Recovery meetings? _____
8. Have you ever been to a treatment facility for alcoholism and or drug addiction?
9. If Yes, list treatment provider, phone number and primary counselor:

1. Have you ever attended a support group or received treatment service for substance use or abuse? _____

What is your plan for recovery? _____

Do you have a sponsor? _____

Please check if any of these apply to you or at any time in the past)

- Alcohol Abuse Mental Health Issue Victim of Domestic Abuse
- Drug Abuse Gang Affiliations Victim of Sexual Abuse
- Anxiety Depression Eating Disorder
- Victim of Physical Abuse Victim of Emotional Abuse Sexual Offender

Are you presently in counseling? _____ Therapist: _____ Phone:

EMPLOYMENT INFORMATION: (check one) What kind of employment history do you have:

- Part-time Full time Seasonal Sporadic Employment: In School Unable to work

Have you ever been fired from a job? YES NO

If yes, explain: _____

Do you plan to work? YES NO

If No, how do you plan to pay for your living expenses? (monthly rental)

Name your source: _____

***Rent is due at the beginning of each month. (Not weekly)**

MEDICAL / MEDICATION History

Do you have medical insurance? YES NO

If yes, medical # _____

Name of Insurance Company: _____

When was your last thorough medical exam? _____

Doctor: _____ Phone _____

When was your last dental exam? _____

Doctor: _____ Phone: _____

When was your last eye exam? _____

Doctor: _____ Phone: _____

Do you have any disability? YES NO

If yes, explain: _____

Do you have any medical concerns or needs? YES NO

Please list _____

Are you currently taking medications? YES NO

Name of Medication Dosage and Reason for Taking: _____

Are you currently prescribed medication(s) that you are not taking?

YES NO If yes, explain why:

Do you think you need to be on medications to help you manage? YES NO

If Yes, explain what & why: _____

Please Note:

***All psychotropic/ medications need to be cleared with JTSH staff.**

All medications prescribed by a physician must be kept in a locked box.

****Due to the nature of our program, medical marijuana is prohibited,**

LEGAL INFORMATION

Have you ever been arrested for any registerable sex crime? YES NO

If Yes, state: _____

Have you ever been charged with a Misdemeanor? YES NO

If Yes, state: _____

Date: _____ Charged: _____

Outcome: _____

Probation Officer's Name: _____

Phone: _____

Have you ever been charge with a Felony? YES NO

If Yes, state: _____

Date: _____ Charged: _____

Outcome: _____

Date: _____ Charged: _____

Outcome: _____

Probation Officer's Name: _____

Phone: _____

Upcoming Court Date: _____

County Court held in: _____

When is your pending release from date? _____

PERSONAL OPINION

What are your reasons for applying to the Jacob Transitional Safe House Program?

List three things you like about yourself:

List three things about yourself that you feel need improvement /attention:

List one of your biggest fear in life? _____

Email and scanned document after completion to Corinefarg@gmail.com

Jacob Transition Safe House Inc.

Residential Agreement

I hereby acknowledge that my temporary residence at Jacob Transition Safe House does not create a landlord/tenant relationship. Also, my residency agreement is to continue participation in the recovery program offered by Jacob Transition Safe House and my compliance of all term and conditions must be met.

I understand that I will be terminated from Jacob Transition Safe House for noncompliance with any program rule, or financial obligations. It shall not be necessary for Jacob Transition Safe House any formal action to remove me from program property. Initial move in payments is non-refundable under any circumstances or for any reason. In the event of the resident's failure to satisfy financial obligations and separation occurs, all properties will become the property of Jacob Transition Safe House until debt is resolved in full. A resident has no longer than fourteen days from the day of separation to satisfy all financial obligations. Prepaid payments requiring a refund must be submitted in writing to the management no less than thirty (30) days prior to the residents last day of residence. From the day of separation Jacob Transition Safe House has sixty (60) days to initiate a refund.

Jacob Transition Safe House will not be responsible after four days, for any personal items, clothing or articles left behind by residents upon their successful completion and departure form the program and residence.

Signed _____ Date: _____

Print: _____ Date: _____

Witnessed by: _____

Rules and Regulations

Recovery:

1. Resident are expected to always achieve and maintain **total abstinence from drug and alcohol**
2. New residents regardless of clean time are expected to attend meetings.

Employment

1. Residents must be employed or actively seeking employment to maintain residency unless other arrangements are in place: disability or public agency or private payee.
2. Non- employable residents are encouraged to participate in charitable work.

Housing

1. Smoking in the house is **prohibited**. Smoking is permitted in the designated areas only! Smoker must extinguish all smoking materials in the proper receptacles that are provided.
2. Gambling is not permitted at any time or in any form.
3. Residents are not permitted to enter the rooms of other residents unless the resident whose room being entered is present or gives permission. Residents are also expected to respect the rights, privacy, and property of others.
4. No guests are allowed in any individuals bedrooms, unless authorized by JTSH staff.
5. **Drugs, paraphernalia, weapons, and firearms** are not permitted on the premises, nor are they allowed to be in the possession of residents or guest while living or visiting Jacob Transition Safe House.
6. It is suggested that residents do not borrow money or valuables from other residents.
7. Residents will be required to attend house meetings when requested by JTSH staff.
8. TV hours are generally from 8am-11pm. If there are complaints about the volume, the TV will be turned off.
9. No phone calls in the bedroom after 10 pm while roommates sleeping (out of respect)
10. Personal music must be listened to with headphones on if roommate is present (out of respect) unless they are listening with you.
11. Visiting hours are between 8am- 10pm. Residents are responsible for the actions of their guests. Guests are expected to leave property driveway (no overnight stay) Guests are not to be left unattended at any time. (*No male guests at female properties)
12. Curfew: Residents must be in the house between the hours of 11pm to 6am unless otherwise approved by a staff. Residents are also not permitted to travel outside the local area without the prior authorization of JTSH staff.
13. Residents are expected to maintain the cleanliness of the property/personal space by policing their personal area and doing regular scheduled chores.
14. Residents are required to contribute to a house "kitty". This kitty will be used for the purchase of house supplies (paper towels, toiletries, trash bags, cleaning supplies) The amount of contribution will be determined by the house and may be adjusted depending upon the need of the community.

Daily Living Skills

This is a standard requirement of all residents for the benefit of the health and welfare of others with or around you. It is mandatory to adhere with these guidelines.

Daily living skills: Residents are responsible for maintenance of all their living space and surroundings which includes, but not limited to inside and outside of their apartment as well as the following:

- **Bedroom:** Making bed daily (flat, fitted and or comforter and pillowcases)
- **Personal Grooming:** For the benefit of individuals who reside with roommate and individually, all must attend to personal hygiene and grooming (washing face, teeth cleaning and bathing)
Recommendation of the type of personal hygiene items to be purchased is done individually.
- **Personal Laundry** Washing of clothing & towels (weekly) resident must purchase laundry soap and bleach fabric softener due to resident's preference: sensitivity to product should be taken into consideration. No clothing to be found misplaced around apartment
- Sheets: fitted and flat possible small blankets (wash possible 2x/ month depends on condition and smell)
- Checking laundry basket to ensure that there is no offensive scent in clothing if so, immediately attend to this.

Cleaning-

Personal Space: Resident must keep room clean of all debris and possible obstruction (to avoid harm to self and others)

Wastebasket must be emptied periodically to avoid attracting insects or offensive odors. (large garbage container is available on premise to ensure cleanliness is maintained.

Common Area

Kitchen & Bathroom/Living room: It is the responsibility of all residents to ensure the common areas are kept clean. A schedule can be created and posted on a weekly basis to ensure everyone is participating in the upkeep of their personal and the premises. No one person should be responsible for the maintenance of the entire surroundings. All residents must mutually agree upon the assigned areas and complete these tasks within a given time. Washing of dishes pots and pans, cleaning bathrooms, living room space, and disposing of garbage are considered daily tasks to be addressed by all residents. (Don't neglect these tasks as demerit may be assigned if they remain unaddressed)

Life Skills are developed as each person takes responsibility for their role in the upkeep. PS Random inspection due occur to ensure the property is kept up to standard living code.

***Garbage containers must be placed on curb on assigned days (Wednesday and Saturday morning)**

Rules Agreement Authorization

I _____, do agree to the terms of Jacob Transition Safe House rules and regulations. I also agree that any infraction of these rules will result in my immediate termination from these premises.

There will be **no refunds**. Personal property will be removed, personal mail will be returned to the post office. No person terminated from the program is allowed to return on the premises.

Reasons for Termination: (please sign your initial to acknowledge)

_____ Violence- Destruction of the property

_____ Inappropriate Sexual Behavior

_____ Use of Any Drugs /Alcohol

_____ Theft of peer belongings and food items

_____ Anti-social attitudes

Residents Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Release of Responsibility

I _____, hereby release Jacob Transition Safe House Inc. of any responsibility and or any liability to myself and or my guests due to intentional or otherwise negligent actions on behalf of myself towards any of Jacob Transition Safe House Inc. staff or representatives.

Furthermore, I assume any, and all responsibility and /or liability that of myself, visitors, and guest releasing

Jacob Transition Safe House from any responsibility due to the intentional and/or negligent actions of other clients, visitors, and staff.

Signature: _____ Print _____ Date: _____

Witnessed by: _____ Date: _____

Release of Information

I _____ authorize my consent and permission to Jacob Transition Safe House Inc. and its representatives the ability to retrieve or release information on my behalf to any entity deemed necessary (media, press release, program promotion, program services)

Representatives of Jacob Transition Safe House will utilize information discreetly. Furthermore, I understand that any information that is exchanged on my behalf is for the sole purpose of continuity, and the continuance of care at Jacob Transition Safe House.

Resident Signature: _____ Print Name: _____ Date: _____

Witnessed by: _____ Date: _____