



P.O. Box 580460 | Tulsa, OK 74158-0460
918.949.HOPE (4673) | cceok.org

SAINT ELIZABETH LODGE APPLICATION

General Applicant Information

Please answer the following questions before continuing:

Are you currently employed? Yes/No

Do you have custody of children age 0-18 (still in high school)? Yes/No

If you answered Yes to both questions, please continue.

Date: _____

Applicant: _____ **SSN#** _____
(Last) (First) (Middle)

Date of birth: _____ **Phone #** _____

Email address: _____

Other names you have used: _____

Marital status:

- Married
- Single
- Separated
- Divorced
- Widowed

Education: (check highest level of education that applies)

- Some High School
- H.S. diploma/GED
- Some college
- College degree or higher

Educational Goal (GED, CNA, cosmetology, etc.): _____

Have you ever served in the U.S. Military? Yes No

If yes, provide dates of service: _____ to _____

Are you currently pregnant? Yes/No Baby's due date: _____

FAMILY AND RELATIONSHIPS

List all children:

First Name	Last Name	Gender	Birth Date	Living with you?	School/Daycare
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	

Please provide the following information concerning the children's father(s):

Father of Child Name: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip Code)

When was the last time you had contact with the child's father? _____

What is the current status of your relationship with the child's father? (circle one)

Together Not Together Divorced Separated Uncertain

Is there a history of drug abuse related to the child's father or his friends or relatives? (circle one)

Yes No Uncertain

Is there a history of physical or verbal abuse related to the child's father or his friends or relatives? (circle one)

Yes No

Do you have a custody arrangement with the child's father? Yes/No

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Father of Child Name: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip Code)

When was the last time you had contact with the child's father? _____

What is the current status of your relationship with the child's father? (circle one)

Together Not Together Divorced Separated Uncertain

Is there a history of drug abuse related to the child's father or his friends or relatives? (circle one)

Yes No Uncertain

Is there a history of physical or verbal abuse related to the child's father or his friends or relatives? (circle one)

Yes No

Do you have a custody arrangement with the child's father? Yes/No

I have custody of my child on the following days:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1. Is there a family history of addictions? ___ Yes ___ No

2. If yes, please describe:

3. How would you describe your relationship with your children?

___ Good ___ Fair ___ Poor ___ Close ___ Stressful ___ Distant ___ Other _____

4. What do you and your family do for fun?

5. Identify the people who are supportive of you and your family: (Check all that apply)

___ Parents ___ Other family ___ Friends ___ Church group ___ Other

SPIRITUALITY/MOTIVATION

Do you attend Church? Y/N Often Occasionally Seldom Never

Do you consider yourself a member of a particular religion? Y/N Religion: _____

Home Church: _____

As part of living at Madonna House, you are required to attend church services of your choice on Sundays (or Saturday evening). Will you have trouble agreeing to those terms? Y/N

If yes, please explain: _____

APPLICANT RESIDENTIAL HISTORY

Current Address:

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

Dates of Residency: _____ to _____

Is current address the home of: **Self/Friend/Relative/Motel/Shelter (Circle one)**

If yes, name of Friend/Relative/Motel/Shelter: _____

Who lives with you at this address?

Name

Relationship

Prior Addresses

(Please include information for the 5 years prior to submitting this application)

1) Previous address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Dates of Residency: _____ to _____

Who lived with you at this address?

Name	Relationship
_____	_____
_____	_____
_____	_____

2) Previous address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Dates of Residency: _____ to _____

Who lived with you at this address?

Name	Relationship
_____	_____
_____	_____
_____	_____

(If additional space is needed, please use the back of this sheet).

Have you ever lived in other shelters or transitional housing, lived as an adult rent-free in another person's home and/or subsidized housing? Yes _____ No _____ (If Yes, indicate below)

Name of person, shelter, etc.: _____

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

Dates of Residency: _____ to _____

I have found myself homeless in the past:

_____ **this is the first time**

_____ **1-2 times**

_____ **3-5 times**

_____ **I have never had a place of my own as an adult; I couch surf.**

_____ **I have never had a place of my own as an adult; I have had a roommate.**

APPLICANT EMPLOYMENT HISTORY

(Please include information for the 5 years prior to submitting this application)

Current Employer:

Place of Employment: _____ Job Title: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Wage/Salary: _____

Date(s) of Employment: _____ Number of hours worked/week: _____

Total pay per month: \$ _____ Pay Days: _____

Weekly Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you are not currently employed, please check here: _____

Previous Employer:

Place of Employment: _____ Job Title: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Wage/Salary: _____

Dates of Employment from: _____ to _____ Why did you leave? _____

Previous Employer:

Place of Employment: _____ Job Title: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Salary: _____

Dates of Employment from: _____ to _____ Why did you leave? _____

If additional space is needed, please use the back of this sheet.

FINANCIAL HISTORY

Do you have any unpaid debts? (indicate amount)

Utilities \$ _____ Rent \$ _____ Bank loans \$ _____
Car Loans \$ _____ Education \$ _____ Court fines \$ _____
Child Support \$ _____ Medical Bills \$ _____ Other \$ _____

In addition to employment income, do you receive any of the following? (check all that apply)

Disability/SSI \$ _____ Child Support \$ _____ Food stamps \$ _____ WIC _____

HEALTH HISTORY

Are you currently pregnant? Yes/No Due date: _____

Are there any complications with this pregnancy? Are you considered High Risk? Yes/No

If yes, please describe: _____

Are you enrolled in SoonerCare? Yes/No Are you currently under a physician's care? Yes/No

If yes, indicate the following:

Physician:

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Pediatrician:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include area code)

Medical Issues:

Please list any medical conditions/disabilities with which you have been diagnosed or for which you are receiving treatment:

Please list any medical conditions/disabilities with which your child has been diagnosed or for which your child is receiving treatment:

Mental Health:

1. Have you or any individual listed on Page 1 of this application seen a mental health provider in the past 10 years? If yes, please provide the following information regarding those providers:

Name: _____
 Address: _____ Phone: _____
 (Street) (City) (State) (Zip) (include area code)

Name: _____
 Address: _____ Phone: _____
 (Street) (City) (State) (Zip) (include area code)

2. Are you experiencing any of the following symptoms/problems? (please circle all that apply)

- | | | |
|---|--|-----------------------------|
| Moodiness | Conflicts with others | Changes in/trouble sleeping |
| Uncontrolled anger | Impulsivity | Lack of friends/loneliness |
| Sadness | Feelings of worthlessness | Nervousness/anxiety |
| Obsessive | Unreasonable fear/panic | Discomfort in crowds |
| Argumentative | Changes in eating patterns | Suicidal Thoughts |
| Visual hallucinations
(seeing things that are not present) | Auditory hallucinations
(hearing things that are not present) | Homicidal Thoughts |

Please list any mental health conditions with which you have been diagnosed or for which you are receiving treatment:

Condition	Date of Diagnoses	Receiving Treatment?	Hospitalizations due to condition? Include dates.
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____

Please list any mental health conditions with which any family member listed on Page 1 of this Application has been diagnosed and/or is receiving treatment:

Family Member	Condition	Date of Diagnoses	Receiving Treatment?	Hospitalizations due to condition? Include dates.
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____

Please complete the following chart concerning medications currently prescribed to you or to family members listed on Page 1.

Medication	Family member taking medication	Condition for which medication prescribed	When did you begin taking this medication?

Please describe the issue(s) leading you to apply for housing at St. Elizabeth Lodge:

SUBSTANCE USE HISTORY

Tobacco:

1. Have you ever used any forms of tobacco? Yes No
2. If yes, what form(s) of tobacco have you use in the past? (check all that apply)
 Cigarettes Cigars E-cigarettes Chewing Tobacco Other
3. How many times on an average day do you use tobacco? _____
4. Have you ever been involved in a program to help you quit using tobacco?
 Yes No
5. If so, which self-help group was used? _____

Alcohol

1. Have you previously used alcohol? Yes No
2. If yes, age of first use: _____
3. Have you used alcohol in the past 30 days? Yes No
4. Frequency of alcohol use (check one):
 less than once/month several times/week
 monthly daily
 weekly several times/day
5. When you use alcohol, how many drinks to you usually consume (check one):
 one
 two – three
 four – five
 more than five
6. Have you previously been involved in a program to help you stop using alcohol?
 Yes No
7. If yes, indicate the name of the program and provide approximate dates of attendance:

Name of Program	Start Date	End Date

Drug Use

1. Have you previously used illegal drugs? Yes No
2. If yes, please list:

3. Have you used in the past 30 days? yes No
4. Approximate date of last use: _____ Drug(s) used: _____
5. Describe frequency of use (check one):
 less than once/month several times/week
 monthly daily
 weekly several times a day
6. Have you been involved in a program to help you quit using drugs? Yes No
7. If yes, indicate the name of the program and provide approximate dates of attendance:

Name of Program	Start Date	End Date

APPLICANT LEGAL HISTORY

1. Have you ever been arrested and/or charged with a crime? _____ Yes _____ No
2. If yes, please indicate the charge(s) and approximate date(s) of those charges:

Charge/Crime	Date of Charge	Conviction?
		Yes/No/Not yet decided
		Yes/No/Not yet decided
		Yes/No/Not yet decided
		Yes/No/Not yet decided

3. Are you currently or have you ever been on probation? _____ Yes _____ No
4. Do you currently or have you ever had a case before DHS? _____ Yes _____ No
If yes, please describe the circumstances of your case, and indicate whether and how it was resolved or whether it is still pending.

Are you or have you ever been affected by any of these situations? (Check all that apply)

___ Domestic Violence ___ Substance Abuse ___ Eviction ___ Child custody (Removal)

Please describe:

Is this a current issue? Y / N

When was the last time these incidents occurred? _____

PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING
PLEASE READ CAREFULLY AND SIGN

I authorize the Director of Saint Elizabeth Lodge or their designee to verify information on the application and to contact other social service agencies to render assistance and verify eligibility for service. Social Security Numbers may be used for the purpose of identification.

I understand and accept that references and other information will be verified prior to our being contacted for an interview to determine our eligibility for the Saint Elizabeth Lodge Transitional Housing Program.

I also understand that Saint Elizabeth Lodge is a temporary short-term transitional program with limited space and there may be a waiting list. Completing an application does not guarantee housing at Saint Elizabeth Lodge.

All of the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Required Documentation:

Current copies of Pay stubs for past 30 days

**Do not enclose the following documentation with your application.
These are required at the time of move-in:**

- Birth Certificate for each individual
- Social Security cards for each individual
- Copy of driver's license or valid State I.D. for each person as applicable
- SoonerCare or other health insurance cards
- Copy of bank statements (checking and savings)
- W-2
- Auto Insurance Verification

So that we may serve you better:

Please list any immediate needs for food, clothing, or other items:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____



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Name: _____ Date: _____

Please answer the following reflective questions.

1. Why have I chosen St. Elizabeth Lodge?

2. What do I hope to accomplish as a resident of St. Elizabeth Lodge?



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Release of Information

Date: _____

I, _____, give permission to Catholic Charities

of Eastern Oklahoma to receive from _____

records pertaining to _____.

These will be kept in my confidential Personal File and are used only as references.

All records should be sent to: Catholic Charities/Transitional Living Coordinator
2450 N. Harvard Avenue
Tulsa, OK 74158-0460

Or fax to: (918) 584-4588

Thank you for your prompt response to this request.

Sincerely,

(Applicant's signature)



P.O. Box 580460 | Tulsa, OK 74158-0460
 918.949.HOPE (4673) | cceok.org

Authorization for Disclosure of Confidential Information

I, _____, authorize the disclosure and use of my personal information as it relates to the following agencies/persons:

I authorize the following person(s) and/or organization(s) to disclose and/or receive my personal, confidential information:

Name of Individual(s) and/or Organization(s)	Contact Information

I further authorize the below person(s) and/or organization(s) to receive information from the above stated (the below authorized may also disclose my information, as necessary, to the above authorized person(s) and/or organization(s):

Name of Individual(s) and/or Organization(s)	Contact Information
Catholic Charities Transitional Living	918-508-7140

Specific Information that may be disclosed by the above authorized parties:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fact Sheet | <input type="checkbox"/> Social Service Reports | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Mental Health Information | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> History and Physical |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Psychiatric Records | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Counseling Records | <input type="checkbox"/> Drug/Alcohol Care/Treatment | <input type="checkbox"/> Felony Record(s) |
| <input type="checkbox"/> DHS Progress Reports | <input type="checkbox"/> Court Documents | <input type="checkbox"/> WIR Documents |
| <input type="checkbox"/> Madonna House Progress Reports | | <input type="checkbox"/> DVIS Records |
| <input type="checkbox"/> My Children’s Records, as applicable | | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> <i>All of my information including, but not limited to, anything referenced above</i> | | |

The above information is authorized to be disclosed for the following purpose(s):

- | | |
|---|---|
| <input type="checkbox"/> At the request of the named individual(s) and/or organization(s) | <input type="checkbox"/> Service Planning |
| <input type="checkbox"/> Continued Treatment | <input type="checkbox"/> DHS Case |
| <input type="checkbox"/> Legal Action | <input type="checkbox"/> Child Custody Hearing(s) |
| <input type="checkbox"/> Other (if other, please specify): _____ | <input type="checkbox"/> DVIS Case |
| | <input type="checkbox"/> Family Request(s) |

This authorization shall be valid until:

 Six months from the date of this signed document

 One year from the date of this signed document

 Until the following date: _____

Right to Revoke

I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that Catholic Charities and/or Madonna House have already taken action in reliance on my authorization. My written statement that I want to revoke my authorization should be delivered to:

*Privacy/Compliance Officer
Catholic Charities
2450 N. Harvard Ave.
Tulsa, OK 74115*

I understand that my services/treatment cannot be conditioned on whether I sign this authorization.

I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) and/or organization(s) that I authorize to receive my confidential information are not subject to federal and state information privacy laws, subsequent to disclosure by such person(s) and/or organization(s) may not be protected by those laws.

I understand that this information disclosed may include, when applicable, information relating to communicable or venereal disease (including, but not limited to, diseases such as hepatitis, syphilis, gonorrhea) and the Human Immunodeficiency Virus (HIV Infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex).

I understand that alcohol and/or drug treatment records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act (“HIPAA”), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I am entitled to receive a copy of this authorization.

Client Signature (person providing the authorization)

Date of Signature

Client Representative Signature (if applicable – read below under “Translation”)

Date of Signature

TRANSLATION: This is to certify that the above Authorization has been read to the client (or client representative) in his/her native language. All representatives which appear in the Authorization were understood and authorized by the client (or representative).

Interpreter Signature

Date of Signature

St. Elizabeth Lodge Policies and Procedures

Please review and initial the following Policies and Procedures. Initialing following each section indicates your agreement with the policies in each section. If you have questions regarding any policy contained herein, please ask a staff member to clarify the policy in question.

Housing Requirements

1. Residents must be employed on at least a part-time (20 hours per week) basis to be considered for housing at St. Elizabeth's Lodge.
2. Residents enter St. Elizabeth Lodge assuming a six-month stay in the program. A month-to-month extension may be offered based on program participation and advancement on goals, up to 12 months. Non-compliance with the pre-move-in contract, St. Elizabeth Lodge Guidelines, or the Plan-of-Care may result in disciplinary action including probation and/or dismissal from the St. Elizabeth Lodge program.
3. Children are allowed through the age of 18, provided they are enrolled in high school. All school-age children residing in St. Elizabeth's Lodge must be enrolled in school.
4. Applicants must present evidence of work history, including prior W-2 forms and a current pay stub as evidence of current employment.
5. Background criminal history checks are performed on all applicants prior to interview.
6. Catholic Charities is a Tobacco Free Campus. Smoking (including use of e-cigarettes) or use of other tobacco products on campus is not permitted.
7. Possession or use of illegal drugs (including, but not limited to drugs for which a valid prescription is lacking), drug paraphernalia or alcohol is not allowed.
8. Possession or use of alcohol on-campus, or off-campus, is not allowed. Alcohol is a legal substance, however the use of alcohol while a resident of St. Elizabeth Lodge is not permitted. Residents will be subject to random alcohol tests. A positive alcohol test will be grounds for immediate dismissal.
9. No weapons are permitted on the Catholic Charities campus.
10. Violation of Rules #6-#9 will result in disciplinary action, up to and including termination from the St. Elizabeth Lodge program.
11. Drug testing is performed on all St. Elizabeth Lodge applicants, including children over the age of 15, prior to admission. Catholic Charities reserves the right to perform random drug testing on residents of St. Elizabeth Lodge during residency.
12. Upon move-in, you are expected to stay in your apartment each night. Overnight passes are allowed for special circumstances only. Requests for overnight passes must first be approved **in writing** by your Case Manager and the Coordinator. Such requests may be denied at the discretion of residential program staff.

_____ Initial

Financial Responsibility

1. Residents must maintain at least part-time employment during their residency and will be required to report all forms of income to their Case Manager. "Income" includes, but is not limited to, wages, child support, SSI, TANF, WIC and food stamps.
2. As a resident of St. Elizabeth Lodge, you will be required to deposit 35% of all income received into a Catholic Charities account. These deposits will be held in savings for your family and returned upon leaving the program.
3. Prior to move-in, residents must pay a one-time, non-refundable deposit of \$125.00.
4. Upon move-in, residents are provided with an apartment key and a fob to enter the gate and main entrance of St. Elizabeth's Lodge. Lost keys and/or fob will be replaced at a cost of \$15.00 per lost item.
5. Upon move-in, you will meet with a residential program staff member to review procedures for deposit of income. Income verification, including but not limited to pay stubs, is to be submitted to your Case Manager. Failure to deposit 35% of all income received and to provide income verification will result in disciplinary action, up to and including termination from the St. Elizabeth Lodge program.
6. Your Case Manager will assist you with budgeting and financial goals as part of required case management. This assistance is included as part of your weekly case management meetings.
7. In the event you lose your job or another source of income (e.g., SSI benefits), you are required to notify your Case Manager **no later than** the next business day. You will be required to demonstrate as part of case management that you are actively looking for another job in order to remain in the program. Additionally, you may be asked to meet other requirements as determined by your Case Manager and the Program Coordinator.
8. Eligible residents are required to apply for benefits such as SNAP (food stamps) and WIC. Your Case Manager will assist you in determining your eligibility and in applying for these programs.

_____ Initial

Resident Apartments

1. As a resident of St. Elizabeth's Lodge, you are expected to keep your apartment clean and free of clutter. Apartment inspections will be performed by residential program staff as part of your program of case management.
2. Staff may also enter your apartment in order to perform necessary maintenance.
3. Never leave food sitting out in your apartment. This creates a problem with insects and other pests. All food should be stored in containers.
4. The stove and oven should be turned off when food is not being prepared. Due to the sensitivity of apartment smoke alarms, we ask that you not cook with oil and that you cook on low or medium heat only when preparing food.
5. Plug-in air fresheners, candles and the like are not permitted in the apartments due to fire concerns.
6. Do not allow trash to accumulate in your apartment. Trash should be taken out of your apartment every one to two days.
7. St. Elizabeth's Lodge offers furnished apartments. In order to maintain the apartment for future residents, we ask that you not bring furniture, appliances or other kitchen items, as these are already provided. You may bring a TV into the apartment. Toys, clothing and other personal items are acceptable. If you are unsure whether a particular item is permitted, please ask your Case Manager or the Program Coordinator before bringing it into the apartment.

8. To reduce costs for maintenance and repair, we ask that residents not hang items on the walls and windows, from the ceilings or anywhere else in the apartment. Please do not remove or dismantle items already in the apartment to hang personal items. Do not apply wall decals or 3M hooks to the walls.
9. In the event furniture, walls, or other items in the apartment are damaged or destroyed, your family may be required to deduct replacement/repair costs from your St. Elizabeth's Lodge savings account. Depending on the damage at issue, destruction of Catholic Charities property may result in additional consequences, up to and including termination of your residency at St. Elizabeth's Lodge.
10. Guests are not permitted in St. Elizabeth Lodge apartments. If you need to schedule an appointment at St. Elizabeth's Lodge (e.g., DHS home visits, school professionals), you are required to obtain approval from your Case Manager and the Program Coordinator. We ask that you socialize with friends and family off-campus.
11. Before leaving your apartment, please ensure that all lights, ceiling fans and appliances are turned off. When leaving for the day, turn up the thermostat and close your window blinds to help us conserve energy.
12. We make every effort to make St. Elizabeth's Lodge a safe environment for our residents. Please assist us by locking your apartment whenever you leave and keeping your keys with you at all times. Do not leave personal items in the common areas where they could be lost or stolen. Catholic Charities is not responsible for lost, stolen or damaged items.

_____ Initial

Common Areas

1. Chores will be assigned to each family during the week in order to keep the common areas in St. Elizabeth's Lodge clean for all residents. Chores are posted on the monthly calendar. Your family is responsible for completing the assigned chores throughout the month.
2. A curfew of 8:00 p.m. is in effect for the family/TV room, the playroom, the laundry room and the playground. During the school year, the playground curfew is 7:00 p.m.
3. The Library is available for resident use only when staff is on duty in St. Elizabeth's Lodge. Tutoring is available for elementary and middle school children in the Library on weeknights during the school year. Please speak to your Case Manager about the tutoring schedule.
4. The Laundry room is available from 7:00 a.m. until 8:00 p.m. Please do not start a load of laundry after 7:00 p.m. Please clean up after yourself in the laundry room (i.e., clean out the dryer lint traps, wipe up spilled laundry detergent, etc.). Remove your clothes from the washer/dryer in a timely manner. Other residents are permitted to remove your items from the washer/dryer if you have left them for more than 15 minutes.
5. Please check the clip on your doorway for updates about meetings, events, random drug tests, and other helpful information about life in St. Elizabeth Lodge.
6. A telephone is available for resident use in the family/TV room. Priority will be given to those using the phone for business purposes. Please keep your calls to a maximum of 10 minutes and speak quietly so as not to disturb others.
7. Curfew for St. Elizabeth's Lodge is 10:30 p.m. You should arrange to be at home no later than curfew or advise your Case Manager if you have a special event that necessitates your late arrival. Please be aware that the pedestrian gate accessing the residential area is locked after 9:00 p.m. Should you arrive home late, your key fob will not open the vehicle gate and you will have no way to enter the property.

_____ Initial

Mandatory Meetings and Appointments

1. All residents are required to meet at least once a week with their assigned Case Manager as part of their Plan of Care. These meetings will last around one hour per session and are designed to help you identify problems and develop skills necessary for independent living.
2. The case management schedule will include an initial service planning assessment, confirmation of the Plan-of-Care (within two weeks of move-in), case review every two months, and a program-extension review at six months. The program-extension review may result in a month-to-month extension, up to 12 months, with a case review every month to determine extensions. Month-to-month extensions will be granted based on progress in the Plan-of-Care.
3. Attendance at weekly counseling sessions is mandatory as part of your residency at St. Elizabeth's Lodge. Depending on the needs of your family, as identified during your resident interview or in the course of case management, residents may be asked to schedule counseling for one or more children and/or to attend counseling more frequently than once a week.
4. Resident meetings will be held from time to time. These meetings provide an opportunity to meet other residents, to discuss questions or concerns about St. Elizabeth's Lodge policies and to be advised of upcoming events at Catholic Charities and in the community. Attendance at these meetings is expected and permission to be absent will be granted only in exceptional circumstances.
5. Additional mandatory meetings/classes will be scheduled from time to time. Every effort will be made to inform you of these meetings in a timely manner and to assist you with finding childcare. Should you be unable to attend a meeting, you may be asked to schedule an additional meeting with your Case Manager to review the information covered during the meeting.
6. Individual residents may be asked by their Case Manager to attend other meetings as part of their personal Plan of Care. Such requirements are determined on a case-by-case basis and may include AA or Al-Anon meetings, group counseling or attendance at G.E.D. classes.

_____ Initial

Interaction with Staff and Other Residents

1. All residents are expected to treat each other, and residential program staff, with respect and courtesy. Please remember that this is your home. Keep your voice low in common areas so as not to disturb other residents. Yelling, profanity or use of vulgar language is not acceptable. Any behavior deemed to constitute a threat, intimidation or harassment should be immediately reported to your Case Manager or the Coordinator. Such conduct is not appropriate and may lead to termination from the program.
2. Although this is your residence, please remember that St. Elizabeth's Lodge is also a community. Residents are expected to dress modestly whenever they are in the common areas. Shoes are required at all times outside the individual apartments, for both adults and children.
3. Parents are responsible for the safety and care of their children. Children should not be left unattended, regardless of age and may not stay in apartments when parents are not at home. If this is a concern (e.g., after-school care is unavailable for your child), please speak with your Case Manager to determine if alternate arrangements can be made.
4. Do not request that other residents babysit your children. Similarly, do not ask other residents to borrow items including, but not limited to, household supplies, food and clothing. Do not ask other residents for assistance with transportation. If you are in need of any of these items, please speak to residential program staff.

_____ Initial

Transportation

1. Any vehicle you bring to St. Elizabeth's Lodge must be in good working order. Non-working vehicles may not be left on Catholic Charities' property.
2. Resident vehicles must have current tags, registration and insurance. Residents must have a current driver's license. This documentation must be provided to staff upon move-in.
3. Residents may not loan their vehicle to another resident or offer a ride to another resident unless this arrangement is first approved **in writing** by your Case Manager and the Coordinator.

_____ Initial

Emergencies

1. For incidents involving an emergency, call 911.

_____ Initial

Moving Out

1. Residents are asked to provide their Case Manager or the Coordinator at least two weeks' notice prior to moving out. An exit interview will be conducted during this two week period.
2. Once notice of move-out has been given, either by the resident or the case manager, funds may not be requested from the Catholic Charities savings account.
3. Once notice of move-out has been given, residents must schedule a final inspection of the apartment with the Pastoral Care and Operations Coordinator.
4. Staff will perform a final inspection of your apartment as scheduled. The apartment should be clean and all items removed. Keys and fobs should be returned during the final inspection.
5. Assessments to your final check may include costs related to the replacement of keys or fobs, cleaning costs, repair or replacement costs for damage to the apartment or furniture, removal of belongings, towing of abandoned vehicles, costs related to positive drug tests, and the non-refundable deposit.
6. Final checks will be requested by Thursday, and will be available for pick-up on Friday. Residents will return to sign for their final check.
7. St. Elizabeth Lodge will not save personal items for later pick-up; arrangements should be made for all personal items to be removed from St. Elizabeth Lodge before the time of final inspection. Any items left at St. Elizabeth Lodge will be donated to Catholic Charities Emergency Assistance.
8. Former residents are expected to maintain the confidentiality of other current or former Catholic Charities' residents.

_____ Initial

Additional Items

1. In the event you have a concern or disagreement, you are encouraged to advise staff. You may do so anonymously, by placing a complaint under the door of the Coordinator or a Case Manager, or you may file a formal complaint by requesting a form from any staff member.
2. Not all rules or expectations are covered in this document. Requirements for your individual Plan of Care may differ depending on your needs and those of your family as determined with your Case Manager.

_____ Initial

By initialing the above Policies and Procedures and signing below, I agree that, if accepted as a resident of St. Elizabeth's Lodge, I will abide by the Policies and Procedures in full. I also understand that St. Elizabeth's Lodge reserves the right to modify the above Policies and Procedures at any time in its discretion.

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

The Mission of Catholic Charities

The mission of Catholic Charities is to be Christ's merciful love to those who suffer.

Our Values

Faith. Trusting in God to order our path daily and through His grace to lead us to eternal life in His loving presence.

Hope. We now see glimpses of our Creator in the Church, Her Sacraments, and the love of His people; our ultimate Hope is in His promise that we will dwell with Him for eternity.

Charity. A love that comes directly from God and is shared with the world through His people; this love is selfless, sacrificial, and unconditional.

Dignity. Endowed with a spiritual soul, with intellect and with free will, the human person is from his very conception, offered to God and destined for eternal beatitude.

Solidarity. Equal in God's creation and united in the love of Christ, every person is our brother or sister – this solidarity must be lived through us daily as we “bear one another's burdens.”

I understand that as a resident of Transitional Living, I am expected to respect and practice the Mission and Values of Catholic Charities.

Signed: _____ Date: _____



P.O. Box 580460 | Tulsa, OK 74158-0460
918.949.HOPE (4673) | cceok.org

Consent for Care and Treatment

I, _____, consent to care and treatment at Catholic Charities Counseling Services, including assessment, evaluation, and therapeutic counseling as may be deemed necessary or advisable. I understand that my treatment with Catholic Charities is voluntary. I understand I have the right to accept or refuse recommended treatment and/or procedures.

Release of Information

All records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations.

Information (including the fact that the person is a client here) will not be released to another person without explicit written permission and consent, except for the special circumstances listed below:

- Professionals at this agency may discuss cases among themselves for consultation in planning the most effective course of treatment.
- Parents or guardians of minors have a right to have the counselor’s general impression of the child’s difficulties and progress; however, the counselor reserves the right to keep specific details of the child’s counseling confidential.
- If there are legal actions involved, records may be released and/or counselor’s testimony requested if a court order is obtained.
- There are two situations in which professionals are required by law to disregard confidentiality:
 1. If the client reveals information indicating a clear and imminent danger to harm self or other, the professional will contact the appropriate authorities, family members and/or the threatened person.
 2. All helping professionals are required by law to report any knowledge or suspicion of abuse of a child or an aged, disabled or incompetent person.

Financial Responsibilities

I understand that I am responsible for any amount due in consideration of counseling services rendered. All amounts estimated or known to be payable by me become due at the time of service (including, but not limited to, my agreed upon *per visit fee* and previous balance, if any).

Certification

I certify that I have read each of the above statement. I have had each item explained to me to my satisfaction and that I am the client or am duly authorized by the client to sign this agreement and accept its terms.

Client, Guardian, or Authorized Person	Date	Relationship
--	------	--------------

Witness	Date	Relationship
---------	------	--------------



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DRUG TEST CONSENT and RESULTS FORM

I, _____, do consent to be screened for drugs by Madonna House/St. Elizabeth Lodge Staff or approved volunteer.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Name: _____ Date of Test: _____

Positive Results For: (Check box for each positive result):

- | | |
|---|---|
| <input type="checkbox"/> AMP: Amphetamine | <input type="checkbox"/> MTD: Methadone |
| <input type="checkbox"/> BAR: Barbiturates | <input type="checkbox"/> MET: Methamphetamine |
| <input type="checkbox"/> BZO: Benzodiazepines | <input type="checkbox"/> OPI: Opiates 2000 ng/ml |
| <input type="checkbox"/> BUP: Buprenorphine | <input type="checkbox"/> OPI: Opiates 300 ng/ml |
| <input type="checkbox"/> COC: Cocaine | <input type="checkbox"/> OXY: Oxycodone |
| <input type="checkbox"/> MDMA: Ecstasy | <input type="checkbox"/> PCP: Phencyclidine |
| <input type="checkbox"/> THC: Marijuana | <input type="checkbox"/> TCA: Tricyclic Antidepressants |

Comments:

I ACKNOWLEDGE THE RESULTS OF MY DRUG SCREENING by SIGNING BELOW:

Signature: _____ Date: _____

Coordinator: _____ Date: _____

AmericanChecked, Inc.

Investigative / Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 211 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only)

Please complete the following:

Name _____

Address _____

City _____ Zip _____

Company Name: _____ Location No.: _____