

PIEDMONT HOUSE RESIDENT AGREEMENT FORM & TERMS OF AGREEMENT

The following points are the terms under which you are accepted as a resident of Piedmont House. This is not a negotiable contract. If you do not wish to accept these terms, you will not be placed in the Piedmont House Community Resident Program and other arrangements for you will be made through your probation or parole officer or another component of the Virginia Department of Corrections. As each point is reviewed, you will indicate your understanding and acceptance of the point by initialing. Your signature will also be required at the end of the document. Violation of any area of this agreement may be grounds for sanctions or termination.

1. I voluntarily agree to participate in the Piedmont House 90-DAY Community Resident Program which operates under contract to the Virginia Department of Corrections. I understand it may be necessary for the Piedmont House Director or designee to obtain or provide information regarding my criminal background, and or medical, substance abuse, financial history. Also to include if necessary any other area of my current or past history to or from the Department of Corrections including my Probation/Parole District Office which may include other criminal justice agencies, social services departments, volunteer organization, my employers or prospective employers, financial institutions and any agency or organization at the discretion of the Director of Operations or designee. I understand I must successfully complete the Piedmont House program or be considered to have violated the conditions of my probation. _____ (initial)
2. I will comply with all written or verbal directions of Piedmont House Staff. After I comply with such direction, if I believe them to be unreasonable, I understand I may appeal such disagreement to the Director of Operations and/or the Board of Directors. _____ (initial)
3. I understand part of my acceptance into the Piedmont House Program is to make and keep certain appointments. These include, but may not be limited to medical examinations and test at the Free Clinic or Health Department or similar medical facility. I understand I must also meet with representatives of Offender Aid and Restoration (OAR) and local Probation/Parole Office. Any problems with keeping these required appointments must be brought to the attention of the Director of Operations or designee. _____ (initial)
4. I will never assault, injure or threaten Piedmont House Staff, Residents or guests and will always conduct myself in a respectful manner. I will do nothing that endangers the safety, security, good order or property of any person, place or item. _____ (initial)
5. I may never enter any bedroom to which I am not assigned unless accompanied by a staff member, who must remain with me while in that room. _____ (initial)
6. I may not possess any weapon or item that can be interpreted as a weapon. Staff will be the sole determiner as to what constitutes a weapon. I will comply with the laws of the United States, Commonwealth of Virginia and local and county ordinances, Department of Corrections Standards and the standards, rules and regulations of Piedmont House. _____ (initial)
7. I must familiarize myself with posted fire escape routes and participate in fire or other evacuation drills without hesitation. _____ (initial)

8. I may not use any drugs not prescribed by a physician for me. Any and All prescribed or over the counter medications for me will be immediately given to Piedmont House Staff for storage and control. Medications for me will be issued to me by a staff member in compliance with the directions. I may not use any other types of drugs or consume any alcoholic beverages. I understand part of my probation or parole may require me to attend substance abuse meetings and that it is my responsibility to fulfill that expectation. I understand I am subject to substance abuse testing at any time by any staff member, male or female, on or off grounds. Refusal to submit to such testing is grounds for termination. I understand I am subject to personal searches that may be intrusive such as a body cavity search. I understand my personal area, packages & mail is subject to search and that Department of Corrections and law enforcement K9 units will conduct searches of all areas of Piedmont House. I may never interfere with any search by staff or other authorized personnel. _____ (initial)

9. I understand Piedmont House is a work-oriented community residential program. I will make all reasonable efforts to find a job. Within 90 days I must find a job, save money and find a place to live. Monday through Friday, I will utilize the internet, OAR, and other means available to me to find employment. When on job search I must take a Job Search Form with me and provide it completed and accurate to the staff on duty when I return. Continued placement at Piedmont House may be dependent upon finding employment and will be reviewed periodically. When I find a job, I must provide Piedmont House staff with a Job Verification Form with the name of the employer, address, telephone number, position, rate of pay and other information that may be needed. I may not voluntarily leave any employment without notification and consent of the Director. I understand I must notify and receive permission to extend or change my hours of employment such as overtime and working on normal days off. There is no limit to the number of hours I can work and I can work night shifts. _____(initial)

10. One computer with Internet capability is available for use by residents. The computer is only to help me look for a job, apply online for employment, to write up resumes and to use when looking for lodging when I leave the program. Use of any computer at Piedmont House is solely at the discretion of staff members and use at any one time should NOT BE LONGER THAN 30 TO 45 MINUTES. Use of this resource is a privilege and not a right. Privileges to use this resource may be terminated at any time. _____(initial)

11. I understand I MUST TURN IN ANY FUNDS/MONEY I receive from any source to Piedmont House for which I will receive a receipt. My funds will be placed in a Resident Savings Account for me and I will be provided a weekly printout of my savings and deductions. I may not open a bank account of any kind, may not have debit or credit cards without the written consent of the Director of Piedmont House.
_____ (initial)

12. Under the standards of the Virginia Department of Corrections, I must pay compensation to both, the Department of Corrections and Piedmont House at the rate of \$5.00 each for every day that I work while staying at Piedmont House. These fees will not exceed \$25.00 per week to the Department of Corrections and never exceed \$25.00 per week to Piedmont House. The maximum total due to both agencies combined will not exceed \$200.00 per month. Lack of employment or diligence finding employment could lead to termination. _____ (initial)

13. I understand I will be assigned household chores to complete each day to help maintain the cleanliness of the house. Failure to complete my chores may result in disciplinary actions. I may not have another resident do my chores for me unless the Director approves as in the case of illness, injury or furlough.
_____ (initial)

14. When I have savings, I may withdraw up to \$40.00 per week for routine expenses, at the discretion of the Director. To obtain my maintenance check I must sign a form asking for it. The form will be available weekly. If I do not have savings, I may not withdraw any money. Piedmont House does not make loans without the express written authorization of the Director. Advances are granted only under extraordinary circumstances. Advances must be requested in writing with a clearly stated purpose. Fund requests in excess of the \$40.00 per week may need approval from my Probation or Parole Officer with the agreement of the Director. _____ (initial)

15. I understand I must comply with all court-ordered payments, fines and restitution requirements and understand these may be automatically deducted from my savings. Once employed, I also understand I must make financial support payments to any of my dependents receiving welfare assistance. These may be deducted from my savings. _____(initial)

16. I have dependents currently receiving welfare assistance. _____
(YES) (NO)

17. Curfew, except for work, is at 11:00PM each day. Overhead lights, radios, CD players, personal televisions and any other electronic entertainment equipment must be turned OFF in all rooms by 11:00PM. Failure to do so may result in confiscation of such equipment by any staff member. I may never light candles, matches, lighters, tobacco or any similar items in any part of the house without the expressed permission of a staff member. Smoking is permitted on the front and back porches and cigarettes are to be extinguished in the receptacles or ashtrays provided. _____(initial)

18. Residents are not allowed to subscribe to magazines, newspapers, schools while at Piedmont House without written permission from the director. The Piedmont House phone number is not to be given out except to employers, the payphone is to be used for other personal phone calls. _____ (initial)

19. Pass time and furloughs are a privilege which I must earn through good behavior, employment, savings, completion of community service hours, completion of routine housekeeping chores and willingness to volunteer for special projects. Pass time is earned after 24 hours of the initial arrival. Extra pass time may also be granted by the Director of Operations at his/her discretion in recognition of extra community service. When I leave the grounds for any reason, I must sign out, tell the counselor where I am going and sign in when I return. By complying with these things, pass is earned by achieving certain steps of my stay as follows:

- a. Three hours per day for good conduct, completing chores, maintaining a neat living space.
- b. Five hours for good conduct, employment, 5 hours of community service.
- c. Seven hours for good conduct, completion of ten hours of documented community service and savings of \$500.
- d. Eight hours for good conduct, completion of fifteen hours of community service and a savings of \$1,200.
- e. Ten hours for good conduct, completion of twenty hours of community service and a savings of \$1,500.
- f. Twelve hours for good conduct, completion of thirty hours of community service and a savings of more than \$1,500.

If job loss occurs for any reason pastime reverts back to 3 hrs per day. _____
(initial)

20. Furloughs, or transitional visits, for up to 72 hours are granted in the last thirty days I am in Piedmont House unless an emergency situation arises such as the death of a close family member or other extraordinary circumstances. The usual purpose of furloughs is to renew ties with family and friends, research where I will live and work when completing the program and get reacquainted with my community. Furloughs may only be granted by consent of the Director of Operations and my Probation or Parole Officer. During my furlough, I must provide the address at which I am staying, who I am staying with and a landline telephone (not cell phone) number at which I can be reached. I must be available to be contacted at least twice a day during my furlough in the evening and the morning. I am required to spend the night at the given address during the furlough. _____(initial)

21. I may have visitors at Piedmont House. All visitors and their vehicles are subject to search at the discretion of Piedmont House Staff. Visitors may be asked to provide photo or other appropriate identification to any staff member. Visitors are requested to remain in the living room or in public places on grounds. Any staff member may ask any visitor to leave the grounds at any time and visitors may be banned from returning to the grounds at the discretion of the Director. Any visitor not conducting themselves in good manner and refusing to leave may be subject to arrest by the Albemarle County Police Department. Visiting hours are as follows:

- a. Monday – Friday from 6:00PM until 10:00PM.
- b. Saturday – Sunday from 9:00AM until 9:00PM.
- c. Or - By Special Request approved by the Director. _____(initial)

22. I am allowed to possess a cellular telephone while at Piedmont House at the approval and discretion of staff. It must be turned in to staff no later than 11:00PM each night. It may be retrieved after 5:30AM. If it is rechargeable, I may place a charger in the business office of the House to charge the phone. Any cellular telephone may be confiscated at the discretion of staff for any violations of the good security or order of Piedmont House. _____(initial)

23. I may use the laundry facilities in the basement until 11:00PM at which time the basement door will be locked. Detergent and bleach are provided by Piedmont House. Due to limited funding, I should be mindful to conserve the use of such products. _____ (initial)

24. I am permitted access to the living room and kitchen. The living room is accessible from 5AM to 1AM and the kitchen from 4:30AM – 9PM. Unless permission is granted by the Director. If staff members determine I must leave either area, I must comply with their directions. If watching television, I must respect the rest times of my house mates by keeping the volume turned low. Any time I prepare food, I must clean up after myself. Piedmont House Residents are not permitted to cook for each other in keeping with Health and Corrections policy. I may not have food in my room. Food cannot be taken out of Piedmont House without written permission of the Director. _____(initial)

25. I should expect all staff members to conduct themselves in a professional manner. I may not have personal relationships or conduct any type of personal business with any staff member while a resident of Piedmont House. No staff member may ask me for funds, purchase anything from or for me, ask me to do personal services or perform errands without permission for the Director. If any of these or any other such issue arises, I must report the conduct to the Director or to the Board.

_____(initial)

26. I understand there is limited storage space at Piedmont House. Piedmont House is not equipped to be a storage house. To insure adequate storage space for all residents and to maintain good order, there are restrictions on the number of things I may acquire and store in my personal area. I am not permitted to store items in cardboard boxes, garbage bags or any similar container. Items deemed in excess must be disposed

of within twenty-four hours or face confiscation. These are subject to change at the discretion of the Director, but include:

- a. No more than seven sets of trousers and shirts.
- b. No more than seven sets of undergarments.
- c. No more than ten pairs of socks.
- d. No more four pairs of shoes or boots and two pairs of shower shoes.
- e. No more than three light jackets and two heavy jackets or coats.
- f. No more than four hats or caps.
- g. No more than one: small radio, or small TV (no more than 10 inches) or small CD player (walkman, ipod size) or similar device.
- h. No more than one regular size tool box. Which MUST be locked in the shed or annex daily. _____(initial)

27. I may never operate any type of vehicle on Piedmont House grounds without the written approval of the Director of Operations. Motor Vehicles include, but are not limited to cars, trucks, motorcycles. Per Department of Corrections Standards, I may only operate a motor vehicle for purposes of work and I must have a lawfully provided operator’s permit. _____ (initial)

28. In the event I am arrested, willfully leave, terminated or otherwise leave the program prior to my successful conclusion, Piedmont House will not accept responsibility for items left behind. An effort will be made by the Director to gather any items I leave behind, attempt contact with my emergency contact person and make arrangements for pickup of items within 1 week. After that period of time, these items will be considered abandoned property and disposed of at the discretion of the Director. A change of address must be submitted to the post office so mail can be forwarded. _____ (initial)

29. If I am arrested in any jurisdiction outside of the Commonwealth of Virginia, I waive my right to contest extradition. _____(initial)

I have read, understand, and had read to me this document. It has been explained to me. I have had the opportunity to ask questions about this document and agree to the terms. I understand if I violate this agreement I may be subject to disciplinary actions that include being terminated from the program. If I am terminated from the program, my termination from Piedmont House will be reported to my Probation/ Parole Officer who may seek my arrest. I voluntarily agree to sign this document and participate in the Community Residential Program.

(SIGNATURE OF RESIDENT)	Printed name	Date
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(WITNESS SIGNATURE OF INTAKE COUNSELOR)	(DATE)
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REVIEWED BY: _____ (DATE)

(DIRECTOR)

DISTRIBUTION: THE COUNSELOR DOING INTAKE MUST FAX/ EMAIL A COPY OF THE ENTIRE ADMISSION FORM TO THE APPROPRIATE PROBATION/PAROLE OFFICER , PROVIDE A COPY TO THE RESIDENT and A COPY IN THE FILE
CHECK OFF EACH DISTRIBUTION AS IT IS MADE.

