

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 Residential Program and other arrangements for you will be made through your probation or parole officer. 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 Residential Program which operates under contract with 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, medical, substance abuse, or financial history; 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 or designee. I understand I must successfully complete the Piedmont House program whether court ordered or voluntary. If not I will be considered to have violated the conditions of my probation/parole. _____ (initial)
2. I will comply with all written or verbal directions/decisions of Piedmont House Staff. After I comply with such directions, if I believe them to be unreasonable, I understand I may appeal such disagreement to the Director and/or the Piedmont House Board of Directors (follow procedure #30). _____ (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 at University of Virginia Hospital. I understand I must also meet with representatives of Offender Aid and Restoration (OAR) and local Probation/Parole Office and/or Region 10. Any problems with keeping these required appointments must be brought to the attention of the staff as soon as possible. _____ (initial)
4. I will never assault, injure or threaten Piedmont House Staff, Residents or guests and I 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 I am in that room. If all bathrooms are being used you must go to the office and ask a staff member to accompany you to the bathroom if located in another room. The Resident Advisor will stay in the room with you until finished. _____ (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 all fire or other evacuation drills without hesitation. _____ (initial)
8. I may not use any drugs not prescribed by my physician. 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 NARCOTICS while a Resident of Piedmont House or any other drugs not prescribed for me or consume any alcoholic beverages. I understand that part of my probation or parole, or my acceptance into the program may require me to attend substance abuse meetings and that it is my responsibility to fulfill that expectation.

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 an admission of guilt and grounds for termination. A positive alcohol/drug screen will result in contact of my Probation/Parole Officer. A first time offense could result in termination but if I am allowed to continue in the program it will be MANDATORY that I will attend AA/NA for the duration of my Program or until further notification by the Director. Second offenses 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. I also understand that the Department of Corrections and Law enforcement K9 units may 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, Library, VEC and any other means available to me to find employment. When I am 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. I understand that Job Search Hours are 7AM – 6PM, Monday through Friday. ALL RESIDENTS are expected to be out of the house daily by 10:30AM for Job Search. Residents are allowed to work between the hours of 6:00AM and 10:00PM. If working two jobs you cannot go directly from one to the other, you must return to Piedmont House between jobs. I am NOT ALLOWED TO WORK OVERNIGHT UNDER ANY CIRCUMSTANCES.

I understand that if I lose pass time for any reason I am not allowed to job search, keep appointments, have visitors or leave the grounds for any reason. 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 completed Job Verification Form. 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. _____ (initial)

10. Two computers with Internet capability are available for use by Residents. The computer can be used to help me look for a job, applying online for employment, facebook and to write up resumes. I can also use the computer for looking for housing when time comes for me to exit the program. No pornographic sites are to be searched for or used. Use of any computer at Piedmont House is solely at the discretion of staff members. Use of the computer should NOT BE LONGER THAN 30 TO 45 MINUTES per use. 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 & ALL FUNDS/MONEY I receive from ANY and ALL sources to Piedmont House for which I will receive a receipt. This includes cash pay for work, checks, money orders, checks sent after discharge from DOC. 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, I may not have any debit or credit cards without the written consent of the Director of Piedmont House. _____ (initial)

12. Under the standards of the Virginia Dept of Corrections, I must pay compensation to both, the Dept 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. I understand that my personal area needs to be kept clean and my BED MADE DAILY UPON AWAKENING. Chores are to be completed in the morning before exiting the Piedmont House for work or pass and completed in the evening before going to work or on pass. 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 \$80.00 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. Maintenance checks are to cover ALL expenses such as cell phones, hygiene items, clothing and bus passes. There will be no approval of special money request for ANY related expenses. The Executive Director has the right to deny any money request based on Resident Savings Balance. 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. Funds request in excess of the \$80.00 per week will need approval from my Probation or Parole Officer if in agreement with 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. Having a cell phone will not be approved without arrangements to pay fines. These may be deducted from my savings. _____ (initial)

16. I have dependents currently receiving welfare assistance. ___ YES ___NO

17. Curfew is 10:00PM, DAILY. There is no exception to this rule. 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 will 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. Smoking is permitted on the front porch only 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. NO pornographic material is allowed at Piedmont House. The Piedmont House phone number is not to be given out except to employers, the Resident phone 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, participation in groups, employment, savings, completion of community service hours, completion of routine housekeeping chores and willingness to volunteer for special projects. Residents are eligible for pass time 24 hours after initial intake process. During the weekdays Pass time is only used on Friday, Saturday and Sunday's. Pass time will/ can also be used on all state recognized holidays. Extra pass time may also be granted by the Director at his/her discretion in recognition of extra community service. If your pass time is taken for ANY reason you are not allowed to leave the grounds for community service, AA, NA or job search. 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. 3 hrs per day for good conduct, completing chores, maintaining a neat living space.
- b. 5 hrs: good conduct, completing chores, 10 hours of community service; working min.20hrs week
- c. 7 hrs: good conduct, completing chores, 20 hours of community service & \$700 savings; work 30hrs wkly.
- d. 8 hrs: good conduct, completing chores, 30 hours of community service & \$1500 savings; work 40hrs wkly.

If job loss occurs or reduction in work hours your pass time reverts back to 3 hrs per day. _____ (initial)

20. Furloughs, or transitional visits, for up to 72 hours can be granted in my last thirty days at Piedmont House unless an extraordinary circumstance arises. The 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 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 phone (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 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 visitors 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 8:00PM.
- b. Saturday - Sunday from 12:00PM until 7:00PM.
- c. Or - By Special Request approved by the Director. _____ (initial)

22. Cell Phones are allowed for all Residents who are employed or seeking employment. Phones must be turned in to staff no later than 11:00PM EACH Night. It may be retrieved after 5:00AM. The LIVING ROOM CLOSES AT 11:30 PM, SUNDAY – THURSDAY AND 1:30AM, FRIDAY & SATURDAY. The charger may be in the office of the House to charge the phone. Any cellular telephone may be confiscated at the discretion of staff for any violations of the security or order of Piedmont House. _____ (initial)

23. I may use the laundry facilities in the basement until 10:30PM. The basement door will be locked at 11PM. 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 porch, yard, basement, living room and kitchen at the stated times, see the posted schedules. The living room and phone areas close at 11:30PM. Front porch closes at 11PM., however you may see the staff prior to going out to smoke if after 11PM. You may smoke only, no sitting or socializing. 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 or drinks in my room. Food cannot be taken out of Piedmont House without written permission of the Director other than for packed lunches. _____ (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 money or purchase anything from or for me, and/or ask me to do personal services or perform errands without permission of 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. I am not allowed to use a lock of any kind. 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 Executive Director. Motor Vehicles include, but are not limited to cars, trucks, and motorcycles, scooters, mopeds, etc. 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 unsuccessfully, Piedmont House will not accept responsibility for items left behind. An effort will be made by the Director to gather any items left behind. Attempt to contact my emergency contact person will be made to make arrangements for Pickup of items left behind within 2 weeks. After that period of time, these items will be considered abandoned property and disposed of at the discretion of the Director. After 30 days any money left in your account will be distributed as you choose. Please circle one:

A) Mailed to _____ :

B) Mailed to a charity of my choice: _____

C) Deposited into the PH resident account to cover resident expenses: _____

29. A change of address must be submitted to the local post office so mail can be forwarded. _____ (initial)

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

31. Residents have the right to grieve decisions made at Piedmont House. The chain of command for filing a grievance is as follows: 1- If not satisfied with a decision by the Resident Counselor, the Resident can put the concern in writing to the Director within 5 days. The Director has 5 days to reply in writing to the Resident complaint. If the resident is not satisfied with the decision by the Director, he has 5 days to reply in writing to the Board of Directors of Piedmont House, placing the grievance in the Piedmont House Board of Directors mailbox in the living area. The Board has 15 days to respond to the Resident's grievance. _____ (initial)

I have read and understand, and have 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

(WITNESS SIGNATURE OF INTAKE COUNSELOR)

(DATE)

REVIEWED BY: _____

(DIRECTOR)

(DATE)

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.

