

Transitional Program for Families Enrollment Agreement

___ I wish to enroll in Calfresh and MediCal and /or Calworks or SDI

___ I have ___ Calfresh ___ MediCal ___ Calworks ___ SDI

___ I wish to enroll in the career placement program (complete Attachment D).

___ I will have \$3000 in my bank account monthly and wish Saint Anthony's to assist me with the Marin Rapid Residential program application.

___ I decline the career placement program and only wish to have the transitional housing program (complete Attachments A, B, C).

___ I wish to receive information about The Center 4 Domestic Peace, Marin Legal Aide, Family and Child Law Center

I, enrollee: Name _____

Date of Birth _____ ID/ Passport/ Drivers License State and Number

_____ Social Security Number _____

ER contact name,relationship,phone

With ___ No Dependents

OR

Dependents accompanying (please note if any disability)

Dependent 1:

Name _____ DOB _____ School/Facility Name &

Address _____

Phone Number _____ Email _____ ER contact

name,relationship,phone _____

Dependent 2.

Name _____ DOB _____ School/Facility Name &

Address _____

Phone Number _____ Email _____ ER contact

name,relationship,phone _____

Dependent 3.

Name _____ DOB _____ School/Facility Name &

Address _____

Phone Number _____ Email _____ ER contact
name,relationship,phone _____

agree to enroll in this program.

☐ I have physical and legal custody of the dependents above.

☐ I understand I waive any rights of tenancy as this is not a lease agreement, but I program enrollment. As part of the program, I will comply with all of the aspects in this agreement, including immediate removal from the program and the site where my belongings may be, in the case of violation and with the local law enforcement on standby if needed. I understand that there are no chances. I understand that there is no negotiation. I understand that what is written as an absolute and strict guidelines that no one at any level and any verbal written agreement can, forgo or override. This agreement supersedes any other type of agreement that I might consider is existing.

☐ I agree to participate in this program at the cost of \$500 deposit due at the onset _____ and timely PGE Guest payments every 30 days of the program which is expected to be six months or less.

<https://www.pge.com/en/account/manage-my-account/guest-bill-pay.html>

☐ I support the mission of the program to reach self sustainability, pursuing ongoing education for trades skills to support the myself and my family.

☐ I agree to participation in this program with cooperative of my time and services and chores and whatever is needed in the development and maintenance of the program and the site (cleaning, gardening, trash). I will join the rotation of duties per the program administrator.

☐ I will participate in daily planning sessions and weekly continuing trade and higher education sessions and surveys as well as feedback surveys.

☐ I agree that a medical note from an MMTI member will be required in order to be excused from any chore duty session and that that note is due the same day as the medical issue. I will find my own replacement for my duty rotation.

☐ I agree that no one shall visit or drop me off to the location that is completely confidential and respectful of the anonymity of all the other program and enrolled and the house address. I will not have any mail or deliveries sent to this address and use a POBox instead.

☐ I am not actively being tried for a crime a crime, under house arrest nor have a warrant for arrest.

I have the following criminal history _____.

___I agree to use the program's dispute resolution counselors and communication mentors should a conflict arise.

___I agree to treat every coop participant or interfacing person with respect and dignity and will process my issues with the existing support system so as to avoid verbal confrontations or physical confrontations that would lead to my immediate removal from the program.

___The program by agreeing to this program, the program enroll agrees to the entire agreement and all attachments. I, the program enrollee, understand that violation of any items in the agreement results in immediate within four hours notice of, exit from the program including residence at the facility. All items personal items will be put off the property for the tenant to pick up. The disagreement is with the support of the local law enforcement who may be present to escort program, enroll off the premises with their property in the case of an immediate eviction.

___I will not alter paint or pin anything in any walls contents or structures, use tape or push pins on the walls and or furniture. I will not remove any furniture. I will replace any damaged items. I agree to the video of the space done in my walk through, as a status or items. Any property damage I will repair to original function and appearance or replace in kind.

___I agree to the drug, alcohol, marijuana, smoking, CBD abstinence and testing program Policy below.

___I support the peace, sobriety and recovery efforts of the program and understand that MMTI is offering weekly mental and physical health care and if needed prescription medications for treatment of mental health sleep and trauma symptoms.

Enrollee Name Date

Administrator Name Date

Attachment A

Example Rotation of chores and duties (site dependent):

<https://docs.google.com/document/d/1-IMsJITAQJd0vXU-51xvXcBLFSMFe-dJD55oFX2MrQA/edit>

Attachment B

Anonymity and non disclosure of address.

Program enrollee agrees not to share names, situations, or locations of house or any residents or workers of the program. Tenant agrees that no male shall ever be delivered to the location site. Tenant agrees not to interfere with any utilities on site.

Name

Date

Attachment C

DRUG TESTING AGREEMENT

I have read the following provisions of this Agreement and understand the consequences of not complying. Furthermore, I understand that my signature on this Agreement grants authorization to the Drug Testing Administrator and the Substance Abuse Program Coordinator (or designee) to make

confidential release of test results and analysis, and related records to appropriate MMTI officials.

Drug testing and disciplinary records are maintained in accordance with MMTI privacy policies.

I hereby voluntarily accept the drug testing and education program in lieu of an active suspension from MMTI.

Signature Date

Witnessed by:

Signature Date

OFFICE USE ONLY

Entrance & Initial Drug Test Date: ____/____/____ Exit Date: ____/____/____

Please carefully read the following items. Place your initials next to each item to indicate that you

read and understood the terms of the Drug Testing Agreement.

1. You are subject to random drug testing during program participation. Drug testing will typically be administered by urinalysis. The urinalysis may include procedures for detection of any one or any combination of the following drugs: All drugs or harmful

substances prohibited as controlled dangerous substances under Federal law, all harmful substances, the inhaling or smelling of which is prohibited and all prescription drugs as defined by Federal Law.

Initials

2. Testing begins on the first day of enrollment. Participation in the drug testing program is contingent upon enrollment.

Initials

3. You will be required to see the Drug Testing Administrator (DTA) for on-site supervised testing.

_____ Initials

4. You will be expected to make-up any missed test.

_____ Initials

5. At the time of your arrival for your initial drug test, the MMTI designee will assign an HIPAA compliant Electronic health record for the purpose of summoning you for drug testing and for maintaining your anonymity.

_____ Initials

6. Any request for an exemption from an assigned test (e.g., due to illness or absence from the area)

must be provided 48 hours in advance in writing to the Office of Program Enrollee Conduct.

Requests to be excused from an assigned test are not guaranteed and any Program Enrollee granted an exemption may be subject

to increased testing thereafter.

_____ Initials

7. Missed tests, diluted samples, adulterated (substituted) urine samples, and/or confirmed positive

test results will be considered violations of this Agreement and will be reported to the Program Administration.

_____ Initials

8. When a participant incurs a positive drug finding for the entrance drug test into the program, the participant will be automatically disenrolled and referred for recovery services. Participants with a positive drug finding for the entrance drug test will also be required to move out within four hours. Reapplication can occur though acceptance is not guaranteed.

_____ Initials

9. Participants who have drug tests that are considered diluted are required to take a follow-up drug

test. Program Enrollees will be contacted by MMTI or a designee to inform them of the diluted tests.

_____ Initials

10. Passive receipt of marijuana smoke or any other illegal drug may result in a positive drug finding

and constitute a failed drug test. Such results would be deemed to be in violation of this Agreement.

_____ Initials

11. Any address and/or telephone changes which may occur during enrollment must be reported to MMTI.

_____ Initials