



# 1Hope House Resident Handbook

***Supporting moms in successful reunification to strengthen Milwaukee families and communities.***

**While you reside in the 1Hope House, we require that you.**

- Be between the age of 18 and 25 years old.
- Pay 10% of your income in monthly rent (a portion of rent will be put in a savings account for you if rent is paid by the 1st of each month)
- Maintain employment or spend a minimum of 20 hours per week seeking employment/education or job training.
- Prioritize sobriety (drug use on the premises is prohibited and cause for immediate termination and eviction.
- Actively participate in court ordered services.
- Meet with the staff weekly.
- Do not take out physical, verbal, or emotional aggression on the residents or staff of 1Hope MKE.
- Are not involved in behavior that would lead to a warrant, arrest or a restraining order taken out against you.
- Regularly attend life enrichment classes and family dinners
- Take part in household chores.
- Do not share the address of the home or invite guests to the house unless they have been approved by staff and it is within visiting hours.

## **Community Life**

This home is a community! We desire that this house be a place where everyone who enters knows that they are safe, they are loved, and they belong. When you enter this home, you are family. It is possible that you will be sharing a room with another mom as well as common living space. We are here to support you and help you in this process of reunifying with your child(ren) and we want you to support your roommate mom in the same. Also, part of this community is the Executive Staff of 1HopeMKE as well as the Board of Directors as well as a mentor who will be partnered with you to give further support.

## **Meals**

You are responsible for most of your meals while living in the 1HopeMKE except if a volunteer drops off a meal. Food must be clearly labeled with your name and must not be taken by anyone else.



### **Telephones/WIFI/Computers**

The house is equipped with Wi-Fi and a computer can be checked out if needed. Computers are to be used only in the common spaces. You will be required to have your own cell phone and keep minutes available so you can be reached by the staff of the home. We also encourage using community resources such as the public library which.

### **Room Key**

A room key will be given to you within the first week of your move in date. The Executive Director will also have a key to your room if there is an emergency, and you need assistance to vacate the room or house. There will also be inspections of the room and the Executive Director will need access to the entire home at any given time.

### **Cars/Parking**

If you are bringing a car with you, you must show a valid driver's license and insurance or will not be permitted to drive until those are required.

### **Bedrooms**

Rooms must be kept tidy; pictures can be put up with putty or on nightstands and tables, but no nails can be put in the wall that are not there upon moving in. The room may not be painted, and any damage caused beyond normal wear and tear we will ask you to fix. There is no smoking inside the home, it is allowed in the back yard and seating area. There should not be any open flames in the room including candles. Drugs, Alcohol, and Weapons of any kind are prohibited.

A monthly inspection of the room will be announced ahead of time and performed by staff and can happen at unannounced times as part of a probationary plan.

### **Building Security**

For the safety of all the addresses and your personal key code should be kept private and you should inform us of anyone that is a danger to you or your children that we need to be aware of.

### **Children**

If children are here for a visit that is their time with their mom and should be kept as that. We have toys and supplies to cover what you need, and you are welcome to take what is needed from our storage cabinet. Supplies can be used as needed; toys need to be returned at the end of the visit.

Currently there are no overnight visit options in our home.



### **Dress and Hygiene**

We ask that you take care of your personal hygiene, with regular showers and teeth brushing as well as laundering of your clothing. We have washer and dryers and detergent available for you use as well as a supply of toiletry items that are available. Your room is your personal space, however when coming into the common space we ask that you consider appropriate dress knowing that others will be around.

### **Curfew/quiet hours/on call staff hours This will be determined by the Executive Director**

### **Resident Resolutions**

It is important to respect others with regards to race, sexual orientation, age, religion, mental health, or other disabilities and differences. If a conflict arises, we urge you to speak with the other resident in a calm and respectful manner to try and resolve the conflict. If this is not possible, the next step is to talk with staff and participate in mediation with the resident and an advocate. Anyone can request mediation.

### **Medications -**

Only Doctor Prescribed Medications are allowed and must be presented to staff.

### **Releases of Information**

You will be required to sign a release of liability waiver should an accident occur in the home. You will also be required to sign a permission slip granting the 1Hope House program to use your picture for promotional material that will benefit the 1Hope House program and yourself while you are a resident of the 1Hope House.

### **Relationships**

Romantic relationships between residents are strictly prohibited and residents participating in a romantic relationship may be immediately discharged. Romantic relationships with anyone outside of the 1Hope House are strictly prohibited and grounds for eviction and termination of the program.

### **Safety**

**We will review the following during your initial intake:**

- **Safety Action Plan**
- **Domestic Abuse Plan**
- **Fire Precautions and Procedures**
- **Tornado Warning Procedures**



## ~Acknowledgement~

This is to certify that I have received a copy of the Resident Handbook. I understand and acknowledge that I am responsible for all information contained in this packet.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

## Consent to Acquire and Use Personal Confidential Information

**I understand and acknowledge that I am submitting this application to be considered for residency with 1HopeMKE, and that for my application to be processed, 1HopeMKE and its directors, officers, employees, and agents will need to acquire certain personal confidential information about me. This personal confidential information may include any information about me, such as my family, education or medical history or information from my case management team members. I hereby provide my consent to 1HopMKEe to request, collect and use my personal confidential information as reasonably necessary to process my application for residency, and, if accepted as a resident of 1HopeMKE, then as reasonably necessary to provide the services associated with being a resident of 1HopeMKE**

**Resident Signature and date:**

\_\_\_\_\_



## **Waiver of Liability Agreement**

### **Waiver of Liability:**

**If I am accepted as a resident of 1Hope House, in consideration of the services I will receive, I for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue 1Hope House, its directors, officers, employees and agents from liability from any and all claims including negligence resulting in personal injury, accidents, or illnesses (including death) and property loss arising from my participation as a resident of 1Hope House.**

### **Indemnification and Hold Harmless:**

**I also agree to indemnify and hold harmless 1Hope House, its directors, officers, employees, and agents from all claims, actions, suits, costs, expenses, damages, and liabilities including attorney fees because of my participation as a resident of 1Hope House.**

### **Severability:**

**I expressly agree that this waiver of liability agreement above is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion of it is held invalid, I agree that the remainder shall continue in full legal force and effect.**

### **Acknowledgement of Understanding:**

**I have read this waiver of liability and indemnity agreement, and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

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**Resident Signature and date**

