

The Lighthouse
Admissions Department P.O Box 505
Atoka TN 38004
(901) 382-8106 x 210, Fax (901) 382-0522

To: New Client

From: The Lighthouse Admission Department

Re: Interest in Admission to The Lighthouse and Safe Harbor Programs

Thank you for your interest in admission to our community re-entry program. The Lighthouse offers programs through affiliate Safe Harbor Churches. We understand that you are going through a tough time right now. We want you to know that you are loved, and we welcome you to Safe Harbor. We have provided our intake application, personal information questionnaire Stewardship Agreement, basic rules of our program, and descriptions of our program and services.

Safe Harbor is a six-month faith-based program that provides life skill and recovery support groups, safe and drug-free housing, necessities (such as clothes if needed, food, hygiene products if needed, etc.), and back-to-work employment opportunities with program completion incentives. **Our focus is to help participants make permanent life changes through recovery support services, a variety of pastoral and spiritual support groups, chapel services, one-on-one with our pastoral staff, and an assortment of other life skill classes** as well as IOP (Treatment) in some locations.

Now that your are at our program, you will go through a screening process and will be informed promptly of your eligibility. Currently, our program does not admit those who have been convicted of sexual and or violent crimes. Your application will be verified before your admittance can be issued. In order to be considered for acceptance into Safe Harbor, we would require a full admission packet completed and signed, this will allow you to stay for 5 days in order for our staff to evaluate you and make sure you qualify as well as give you the opportunity to make sure Safe Harbor is right for you..

Again, we are so thankful for your interest in The Lighthouse and Safe Harbor. May God bless and keep you.

- The Lighthouse

This page is for you to keep

Client Admission

Screened By: _____ Intake Date: _____

Client Name: _____ Is Client Court furloughed? Yes No

Client Date of Birth: _____ Social Security Number: _____

Are you on Probation or Parole? _____

Name and Contact of P.O: _____

Emergency Contact: _____ Phone Number: _____

Personal Information:

| Questions | Answers |
|---|---------|
| Have you ever been in our program before? | Yes No |
| Does Client have acceptance Letter to our program? | Yes No |
| Do you have your I.D.'s? | Yes No |
| Are you on SSI/ SSDI? If so, what is the reason you have been issued SSI/ SSDI? | Yes No |
| Please describe all physical disabilities you may have and if there are accommodations that you require as part of your daily activities. | |
| Are you clinically deaf or blind? If so, please describe. | Yes No |
| Are you currently suicidal? | Yes No |
| Do you have a history of suicide attempts? | Yes No |

Alcohol and Drug Use/ Abuse History:

| Questions | Answers |
|---|---|
| Have your now or in the past had an alcohol or substance abuse problem? | Yes No |
| In the past, what drugs have you used? Please check all that apply | Alcohol Cocaine Marijuana Opiates Narcotics Hallucinogenic Inhalants Sedatives Amphetamines Methamphetamines Oxycontin Club Drugs Prescription Drugs Fentanyl Other: _____ |
| Is Detox Required | Yes No |
| Have you ever Overdosed? | Yes No |
| If so, What on and when? | |

Criminal History: Please list each of your charges, exactly as they are written on charge sheet. Please be honest. Falsifying or failing to report charges could disqualify you from admittance as well as be grounds for dismissal even after admittance.

| Questions | Answers |
|---|-------------------------------------|
| What types of crimes have you been convicted of? Please list all throughout your lifetime and include dates on the next page | |
| Which of these crimes were misdemeanors? | Place number(s) here from next page |
| Which of these crimes were felonies? | Place number(s) here from next page |
| Have you ever or currently been a member of a gang? If yes which gang | Yes No Gang Name |
| Have you ever been convicted of a sexually related crime? If yes, What charge | Yes No |
| Have you ever been convicted of a violent crime? If yes, What charge | Yes No |
| Have you ever been convicted of arson? If so, please explain. | Yes No |

Medical History:

| Questions | Answers |
|--|--------------|
| Are you currently under a doctor's care? | Yes No |
| Are you on medication? If so, what types? Please list them all and what they are for on next page | Yes No |
| Please select any of the following that you have currently or had in the past. | |
| Asthma Kidney Failure Heart Disease Heart Attack Stroke Mental Illness Epilepsy Tuberculosis Seizures Diabetes High Blood Pressure | |
| If you have Seizures or Epilepsy: How often do you have an episode? Do you take medication regularly to control them? | _____ Yes No |
| When was your last episode? Date/ time frame: | |
| Have you been diagnosed with any mental health conditions? If so, please describe. | Yes No |
| Are you currently taking any medication for mental health conditions? If so, please describe. | Yes No |
| Do you have any other medical conditions? If so, please describe. | Yes No |

Work Information:

| Questions | Answers |
|---|---------|
| Are you physically able to work? | Yes No |
| Can you stand on your feet for at least 8-10 hours a day working? | Yes No |
| The work that we may have available requires a person to be able to stand for long periods (up to 10 hours per day), lift repetitively (up to 50-75 pounds), and work in both hot and cold weather. Will you participate fully in our work program with the specific requirements listed above? | Yes No |

Please List all Criminal Charges you have been convicted of:

1. Charge _____ Date of Charge _____
2. Charge _____ Date of Charge _____
3. Charge _____ Date of Charge _____
4. Charge _____ Date of Charge _____
5. Charge _____ Date of Charge _____
6. Charge _____ Date of Charge _____
7. Charge _____ Date of Charge _____
8. Charge _____ Date of Charge _____
9. Charge _____ Date of Charge _____
10. Charge _____ Date of Charge _____

Please List all Medications you are currently on and what the meds are for.

1. Medication _____ What is Medication For _____
2. Medication _____ What is Medication For _____
3. Medication _____ What is Medication For _____
4. Medication _____ What is Medication For _____
5. Medication _____ What is Medication For _____
6. Medication _____ What is Medication For _____
7. Medication _____ What is Medication For _____
8. Medication _____ What is Medication For _____
9. Medication _____ What is Medication For _____

Please the Doctors name who Prescribed your Medications

Doctor's Name _____ Phone Number _____

Client Stewardship Agreement: Please initial each section below and sign at the bottom.

Safe Harbor is a non-profit faith-based organization offering community re-entry, housing, employment, and treatment in select locations. You must not have an objection to participating in Christian-based programs as a condition of admission; however, profession of Christian faith is not required for you to receive services. Our goal is to graduate you in six months drug and alcohol free; independently employed; independently housed; and actively participating in an ongoing support community of your choice. You will be required to participate in alcohol and drug treatment; anger management; work preparation; and other groups designed to enhance your success and prevent you from returning to the lifestyle that brought you to Safe Harbor. You must participate in these groups whether you feel that you have a drug or alcohol problem.

- 1) **Admission Fee** – I understand and agree that Safe Harbor requires a **\$250.00 non-refundable** deposit/admission fee upon entering the program. This must be paid by debit/credit card, certified Cashier's check, or Money Order. No Cash will be accepted. I understand that if I cannot pay the required \$250.00 non-refundable deposit/admission fee up front, I can have it deducted from my payroll check when I enter the Reliable back to work program in two installments. **Client Initials** _____

- 2) **Clients on Disability** – I understand that if I am on disability that I will have to pay \$600.00 per month for my care. There will also be a deposit/admission fee of \$600.00 to be paid before I can enroll in Safe Harbor. If my disability income is not enough to pay for the cost of my care, then it will be payable by 66% of my disability income calculated from a copy of my disability statement. I also understand and agree that if I am not on disability at the time of my enrollment, that I cannot process or apply for disability without written consent from the Executive Staff of Safe Harbor. **Client Initials** _____

- 3) **Health Screenings** – I agree to inform Safe Harbor Staff, upon arrival, of any health issues that I may have. This includes any illness that may pose a risk to others. I also agree to any health screenings offered by Safe Harbor, community services, or government agencies. I understand that Safe Harbor is not a medical facility and that if it becomes necessary for me to have any skilled medical or nursing care that I may be referred to another program. I also agree, that if I become suicidal or by my behavior pose a threat to myself or others that Safe Harbor will call the local crisis intervention team and/or law enforcement agency to help me. I also understand and agree that if at any time I am at risk of drug or alcohol withdrawal, Safe Harbor will refer me to a hospital or other approved facility for detox services at my expense. I also understand that I will not be allowed to return to Safe Harbor until I have presented evidence that I have been treated and released by said health care provider. I also understand and agree that any expenses incurred while enrolled in the Safe Harbor program will be my sole responsibility. This includes but not limited to, doctor visits, dentist, mental health or in the event an ambulance is called on my behalf. **Client Initials** _____

- 4) **Medication** – I understand and agree that I am not allowed any narcotics prescriptions at Safe Harbor. I agree to inform Safe Harbor Staff of any medications that I take daily. Any prescription that is found in my possession that is not on my medication list will result in my dismissal. I understand that if I take blood pressure medicine, I may keep that in my possession if it is in a correctly labeled pill bottle up to date and always accept full responsibility for it. I understand and agree that I must inform any medical professionals that I am in treatment and cannot have any narcotic pain meds. In the event a doctor does prescribe pain medications due to work injury or surgery, Safe Harbor will keep prescription in secure location and dispense according to doctors' orders and do a pill count after each dose is given. **Client Initials** _____

- 5) **Government Programs** – I agree to take part in any local, state, or federal programs that aid Safe Harbor in funding of my care. **Client Initials** _____

- 6) **Personal and or legal issues** - I understand that part of recovery involves addressing any personal, or legal issues that exist and I agree to privately disclose the full truth about my circumstances so that Safe Harbor Staff may work with me in resolving said legal issues. I understand that I must contact any person or agency to start the process of resolution as a requirement for graduation from Safe Harbor. **Client Initials** _____
- 7) **Recovery Support Services** - I understand that Safe Harbor is a faith-based program that offers recovery support services, including, but not limited to: Intensive Outpatient Treatment services, recovery skills, relapse prevention, transitional housing, employment preparation, and basic education. **Client Initials** _____
- 8) **Criminal History** – I understand and agree to allow Safe Harbor to run a Criminal background check as well as a Sex Offender check on me before or at any time during my enrollment in the Safe Harbor Program. I understand and agree that I must disclose all criminal offenses that I have been convicted of by any Court and sentenced by any Judge in good standing. I understand by not disclosing all convictions as well as not informing Safe Harbor of any added charges or convictions that I could be denied entry or dismissed from the Safe Harbor Program. I also understand and agree that I cannot be accepted into the program if I am a registered sex offender or have been convicted of a Violent crime such as Murder, Attempted Murder, Arson, Robbery, or any offense that caused bodily Injury. Any conviction that is considered a Class B felony or greater in the State of Tennessee must be reviewed and approved by Executive Staff before enrollment. I understand and agree that I am not fleeing prosecution and that if law enforcement inquiries about me or ask if I am enrolled in Safe Harbor, I authorize Safe Harbor Staff to let them know my status. **Client Initials** _____
- 9) **5 Day Evaluation** – I understand that I am being allowed to stay at Safe Harbor for a five-day period to evaluate my candidacy for the Safe Harbor Program and if Safe Harbor is the appropriate level of care for me. If not, my Deposit/Admission fee will be returned. The eligibility criteria for Safe Harbor are being able to:
Client Initials _____
- a) Follow the rules of the program
 - b) Participate in classes and work therapy
 - c) Get along well with others
 - d) Demonstrate the willingness to change my life
 - e) Have an overall positive and respectful attitude toward staff and other clients
- If I am legally disabled, I understand that I must disclose the nature of the disability and any accommodations that I may need. I understand that Safe Harbor will try to accommodate my disability, but that Safe Harbor may not be the appropriate level of care. If Safe Harbor finds that a higher level of care is needed for me, or if it is decided that I do not qualify for Safe Harbor, Safe Harbor staff will attempt to refer me but, I am responsible to find another source for housing or program. I understand and agree that any false information given to Safe Harbor by me, in any form, during my intake process about my addiction(s), criminal history, medical health, mental health, or anything relating to me, will automatically be grounds for disqualification and I will be dismissed from Safe Harbor. I understand that full disclosure is imperative for Safe Harbor to assist in my Recovery. **Client Initials** _____
- 10) **Work Therapy** – Work Therapy is mandatory for every Client on Campus. If you are not working you will be assigned to various chores around campus each day. For those that work you will be assigned certain chores in your living quarters or anywhere needed. Some work therapy examples are: Washing dishes, sweeping, mopping, vacuuming, mowing grass, weed eating, working in flowerbed, gardening, cleaning windows etc. No-one is exempt from work therapy. **Client Initials** _____

- 11) **Release of Information** – I hereby give permission to release all information concerning my program participation to all judicial officials including Judges, District Attorneys, Probation or Paroles Officers, or other court officials. This includes those records related to drug screens, disciplinary actions, progress, and any mental or physical impairments. I also understand that my family or friends may want updates from time to time. The only way that Safe Harbor can do this is through my PIN number. I understand that I must give this PIN number to any family or friend with whom I want my information shared. This PIN is used as my permission to give them information. My 4-digit PIN number is _____. I understand and agree that if they provide the correct PIN # then I am giving Safe Harbor permission to give them updates about my Recovery. **Client Initials** _____
- 12) **Administration Fees** – I understand and agree that Safe Harbor does not have any out-of-pocket expense and that I will begin paying weekly for my care when I begin earning an income through the work therapy program. Until then, Safe Harbor bears the burden of the expense of my program. Program fee schedule is as follows
Client Initials _____
- a) **Safe Harbor Locations with IOP (Treatment)** – The Program cost is \$275.00 Per Week.
b) **Locations without IOP (Treatment)** – If Treatment is not offered in the city in which you are enrolling, then your Program is \$225.00 Per Week.
- 13) **IOP (Intensive Outpatient Treatment)** – IOP is a valuable addition to the Safe Harbor Program. Safe Harbor is working diligently to add it to every location. This is a more in-depth Substance Abuse Treatment service. It is also helpful for those recovering from other issues such as anger and poor life choices. IOP is mandatory for all clients enrolled in the Safe Harbor locations where available. IOP is 30-36 Session (10-12 weeks). You will be assigned to IOP according to which shift you work. I also understand and agree that the same rules apply at IOP that are in place at the Safe Harbor Residential Campus and a DNR from IOP has the same consequences as a DNR from Job sites. To complete the recovery phase of Safe Harbor you must complete the IOP portion of the program. In the event, that a client has achieved 90 days in the program but has not graduated IOP, a Letter of Recommendation can be requested by Residential staff from the IOP Director. **Client Initials** _____
- 14) **Acceptance and Payment** – I understand that once I am accepted into the Safe Harbor Program I must pay for my care. I understand that the full cost of my care is \$10,400.00 for the 180-day program. This comes to \$58.00 Per Day. I understand that there are several different ways I can pay. (Check beside your payment plan.)
Client Initials _____
- a) Cashier's Check paid in full _____
b) Credit Card paid in full _____
c) Reliable Back to Work Program _____ Paid Weekly \$275.00 (IOP Locations); \$225 (Non-IOP Locations).
- 15) **Conditional Scholarship** – I understand and agree that upon acceptance to Safe Harbor, I will be granted a conditional Scholarship to cover the cost of the first 2 weeks of my program. The value of this conditional scholarship is \$800.00. I understand and agree that if I am dismissed from the program or quit, I will forfeit this Scholarship and allow Safe Harbor to deduct the \$800.00 from my savings account and or my last check. I also understand and agree that if I graduate the program this conditional Scholarship will be forgiven, and I will not have to repay the \$800.00.
Client Initials _____

- 16) **Program Phases** – I understand that Safe Harbor has two phases. The Recovery Phase and Transition Phase. Each phase dictates passes, Savings amount, and certain privileges. Upon enrolling in the Safe Harbor program, **I understand and agree that I will go through the Recovery Phase upon enrollment and will be eligible at 90 days for the transition phase provided I have graduated IOP (if applicable for your location) and a negative drug screen.** I understand that the following are Recovery rules and regulations

Client Initials _____

Recovery Phase

- a) I will not be allowed to take part in the Reliable Back to Work Program for 14 days.
- b) I understand the first 21 days is “blackout” meaning no visitors or phone calls
- c) I understand and agree that while in recovery phase 90% of my net check will be placed in my savings account.
- d) I understand and agree that I will not be allowed to go on any passes except Safe Harbor functions chaperoned by a Safe Harbor Staff Member

Transition Phase

- a) Transition Phase I will be eligible for passes, provided I have no program infractions or court restrictions
- b) Transition Phase I will have only 50% of my net check deducted and placed into my savings.

- 17) **Alcohol and Drug Screens** – I understand and agree that I can be tested for drugs and or alcohol at any time during my enrollment. I agree to allow Safe Harbor to release test results to the Corporate Partner to which I am assigned, as well as any Judicial system to which they report. I understand and agree that any confirmed positive drug screen without a legal prescription will count as a rule violation. I also understand and agree that if I test positive on any drug screen during my program participation that: **Client Initials** _____

- a) **1st Infraction**, I will go back to day forty-five of the recovery phase and PO Contacted. If I am court ordered I understand the court will be notified as well. If under 45 days in the program, then I go back to day one of Recovery Phase. I understand and agree that I will lose my cell privilege for 30 days. If I am not eligible for a cell phone at the time of infraction, my eligibility date will be extended for 30 days
- b) **2nd Infraction** – I will go back to day one of the recovery phase and PO contacted. If I am court ordered I understand the court will be notified as well. I also Understand that I will lose my cell phone privilege for 60 days.
- c) **3rd Infraction** – I will be dismissed or returned to court custody and PO Contacted. If I am court ordered I understand the court will be notified as well.

- 18) **Graduation Requirements** - I understand and agree that I must meet certain requirements to graduate. The following is a list of requirements: **Client Initials** _____

- a) Must complete a minimum 180 days in the program
- b) Must obtain Driver License. If not able to pay fines in full a payment plan should be established.
- c) Must have a stable home plan. Weekly rental Motels or similar will not be accepted
- d) Must have proof of membership in outside church or support group.
- e) Must have graduated IOP and completed all written and twelve step course work assigned
- f) Must have permanent employment
- g) Must complete a Personalized Relapse Prevention Plan
- h) Must not have any major infractions within the past 90 days
- i) Must pass alcohol and drug screen within 48 hours prior to graduation
- j) Must Complete and turn in graduation application 45 days before graduation
- k) Must begin process of resolving outstanding legal requirements (including fines and fees).

- 19) **Savings Plan** – I understand and agree that I must save money while enrolled in the Safe Harbor Program. I understand and agree that Safe Harbor will do that for me. I understand I will receive my savings at Graduation. Upon graduation, Safe Harbor will match my savings, by 10%, up to \$500.00 only when used towards Rent, Utilities, Medical Bills, Fines or Fees, Vehicle purchase, Vehicle Insurance, Court Cost, Driver License. This will be paid directly to those specific companies. I understand that the match will not be paid directly to me or a family member. If I quit the program or I am dismissed from the program I will receive my savings check from the program Director, of the city in which I was enrolled within ten business days of leaving. I must pick it up in person. I allow Safe Harbor to deduct the following from payroll check each week. **Client Initials** _____
- First 90 days or while I am in Recovery Phase – 90% of my net check will be placed in savings
 - Second 90 days or while I am in Transition Phase – 50% of my net check will be placed in saving
- 20) **Reliable Back to Work Program** – I understand that the Reliable back to work program offers me a way to pay for my program as well as earn money for when I graduate the program. I understand that I will be able to start work on the 15th day of my program If I am eligible. The following is a list of rules for Reliable Program.
Client Initials _____
- I understand that Safe Harbor will attempt to place me where I have experience, but I understand that is not always possible. I understand that I must go where I am placed by Safe Harbor and will not refuse work.
 - I understand and agree that if I refuse work that I will be referred to another program or dismissed from the program.
 - I understand and agree that I will not take a Cell phone to work or on any Safe Harbor Vehicle. I understand and agree that If I get caught with a cell phone on the van or at work, I will lose my Cell Phone privilege for 60 days
 - I understand and agree that I cannot take any bag, backpack or any item that is considered a tote for carrying items on the van or to work site.
 - I agree not to discuss any permanent job status to the partner in which I am assigned. If I desire permanent employment, I will notify the Reliable Coordinator and let him speak to partner in which I am assigned about on boarding to that company at graduation.
 - I understand and agree that I am not allowed to have any personal, romantic, or other unprofessional relationships with any Safe Harbor or any Corporate Partner employees. If I am found in violation of this rule I will be dismissed from the program.
 - I understand and agree that If I am injured while at work, I will notify my supervisor and Reliable Coordinator immediately.
- 21) **Own Job Transition** – I understand and agree that I may go to work full time for the Corporate Partner in which I am assigned to. I understand there are certain requirements that must be met to roll over to their payroll and be employed by them. **Client Initials** _____
- Must have 120 days in the program to apply
 - Must not have a failed drug or alcohol screen in the past 60 days
 - Must pass a drug and alcohol screen at time of request
 - Must pay an extra administrative fee at time of roll over to cover the next weeks expense while you wait on your first check
 - Must have chaplains letter stating all classes are complete.
 - Pay \$250.00 per week administration fee

- 22) **Passes** – I understand and agree that passes are a privilege and not right. I understand and agree that there are no Special Holiday passes issued. If the Holiday falls on the weekend or your scheduled day of pass, then you may take the pass provided you are eligible. There will not be any pass issued on New Year's Eve for any reason. If you are classified Recovery Phase you will not be eligible for any pass. The following is the pass schedule. You must also fill out a pass request anytime you leave campus other than work. **Client Initials** _____
- a) 90-120 days in the program – 1 eight-hour pass monthly
 - b) 121-150 days in the program – 1 overnight pass beginning at 12 noon on Saturday till 4pm on the following day and one eight-hour pass. Passes cannot be back-to-back; they must be every other weekend.
 - c) 151-180 days in the program – One 48-hour pass to get your home plan secure and two eight-hour day passes.
- 23) **Cell Phone Policy** – I understand and agree that if I have a cell phone that I must turn it in to Safe Harbor Until I am eligible to have one. I understand and agree that having a cell phone is a privilege and not a right. I understand and agree that If I am caught with a cell phone while I am not eligible for one, I will not be allowed to have one for 60 days. I also understand and agree that If I let a client use my cell phone who is not eligible for one, I will lose my cell phone for 60 days. I also understand and agree that if I violate any of these guidelines a second time, I will lose my cell phone privilege indefinitely. I also understand and agree that the Director or higher in rank can look at all my text messages, social media, or emails that are on my phone with or without cause as part of my program participation. **Client Initials** _____
- a) I understand I will be eligible for a cell phone when I receive my first reliable check
 - b) I understand that any drug or alcohol screen with positive results will result in my cell phone privilege being revoked for 60 days.
 - c) I understand and agree that any major infraction will result in my cell phone privilege being revoked 60 days and a second major infraction will result in permanent loss of cell phone
 - d) I understand and agree that I will not take a Cell phone to Work, Chapel, IOP, or any other classes. I understand and agree that If I get caught with a cell phone in these restricted places, I will lose my Cell Phone privileges for 60 days.
 - e) I understand that using others' phones during blackout is an infraction.
- 24) **Faith Based Organization** - I understand that Safe Harbor is a Faith Based program, and I agree that profanity, possession of pornography or weapons; theft; violence or threat of violence; destruction or misuse of property; and sexual behavior of any kind is not appropriate. **I understand that I could be immediately dismissed for engaging in any of these behaviors, or for willfully failing to report others who do.** I understand that I am subject to prosecution for any illegal acts that I commit at Safe Harbor. I agree as part of my commitment to my recovery to obey all Safe Harbor's rules without argument. I agree not to disrupt the program or undermine the staff by complaining to other clients. If I have an issue, I agree to put my concern in writing to the local program director or area director. If my complaint is not satisfied, I will call the anonymous hotline posted. I understand that I may not come and go from Safe Harbor as I please, and that I will be required to have the written permission of Safe Harbor staff to leave on pass. **Client Initials** _____
- 25) **Zero Tolerance Violations** – I understand and agree that there are certain Program Violations that will not be tolerated and will result in my immediate dismissal if I am found in violation of the following: **Client Initials** _____
- a) Drugs or alcohol brought on Ministry Property, including Safe Harbor Vans, Job Site or any Safe Harbor outing or event to include any store, movie theatre, or any such property where a Safe Harbor function is happening.
 - b) Fighting where contact is made by either party, displaying, or engaging in violence, combat, or aggression towards another person.
 - c) Deliberate destruction of Safe Harbor property or that property of another client or staff member.
 - d) Threat of violence towards another Client or Staff Member
 - e) Theft from Corporate Partner or another Client or Staff Member.
 - f) DNR from partner or IOP for insubordination, threat of violence, theft, or attitude not conducive to ministry conduct

- 26) **Loaning Money or other items** - I understand and agree that loans of money or property of any kind; trading favors for food or cigarettes or using cigarettes or other items as money; performing personal chores in exchange for items or privileges; or bribing or attempting to bribe a staff member or volunteer is prohibited at Safe Harbor. I understand that any client who takes advantage of another client in this manner or attempts to bribe a staff member or volunteer is subject to immediate dismissal from Safe Harbor. **Client Initials** _____
- 27) **Tobacco Products** - I understand and agree that I will abide by the Safe Harbor tobacco policy specific to the city in which I am enrolled. Some Safe Harbor Campuses are non-smoking campuses. If I am enrolled at one of these then I agree not to smoke on campus. For those campuses that allow tobacco, I agree to only use them in the designated areas. There will be no dipping or chewing tobacco in any building on campus. There is absolutely no vaping on any Safe Harbor Campus and there are no vaping products allowed on any Safe Harbor Property.
Client Initials _____
- 28) **Graduation** - I understand that when I am enrolled in Safe Harbor, I will be given an estimated graduation date. I understand that this date is not permanent and can change because of my participation and the fulfillment of my requirements. I understand and agree that graduations are held on the 3rd Sunday of each month and must stay until I graduate on Celebrate Sunday. I understand that I will receive my graduation certificate and savings check during the graduation ceremony that night. **Client Initials** _____
- 29) **Exit or AWOL** – I understand and agree that if I am AWOL (absent without leave) or quit and leave the program, I must take all my personal belongings with me. Any items found on Safe Harbor property from the time Safe Harbor staff determines I am gone, it will become the property of Safe Harbor. I hereby give Safe Harbor Staff permission to throw away my belongings or give them away to people who may need them in the event I abandon them.
Client Initials _____
- 30) **Photograph and video** - The Photograph & Video Release form gives consent to Safe Harbor to use an employee/client photo for commercial use on the Safe Harbor website, social media pages, or for marketing purposes such as print advertisements, bulletins, etc. *Please initial only one of the boxes below.*
- A. I *give my consent and agree to allow Safe Harbor* the right to use my image, video, voice, or all three described above. In addition, I waive my right to inspect or approve the finished product. I agree that all pictures, video, or audio recordings and any reproduction thereof shall remain the property of the author and that of Safe Harbor. I understand that these images may appear publicly as part of the Safe Harbor website and/or other marketing materials. **Client Initials** _____
- B. I *do not consent or agree* to allow Safe Harbor the right to take or use photographs of me and/or my property or to use pictures of myself or my property in any media including online, now, or hereafter in the future.
Client Initials _____

31) **Policy Changes** - I understand and agree that Safe Harbor reserves the right to change the terms of its program at any time. I agree to hold harmless and release from all liability to the extent permitted by law, Safe Harbor, its officers, employees, volunteers, agents; and anyone else acting on behalf of Safe Harbor from claims arising from my participation in Safe Harbor programs including but not limited to transportation in its vehicles and participation in outside events. I also understand and agree that Safe Harbor Staff can enter my living quarters at any time for inspection. I also understand and agree that Safe Harbor Staff can search my personal belongings, wallet, closet, bed, person, or anything I own while I am enrolled in the Safe Harbor Program. I also agree that my personal belongings and living quarters can be searched by Local law enforcement and their K-9's upon Safe Harbor Request to law enforcement. Furthermore, I understand and agree that if I am found to have contraband, or over the allowed number of items, that Safe Harbor can take possession of and dispose of property how they see fit and that they are not required to store or keep my property. Furthermore, I understand and agree that I will not hold Safe Harbor, its staff, Officers, Volunteers, agents, or anyone else acting on behalf of Safe Harbor liable or responsible for any items lost or stolen that is stored in Safe Harbor buildings or Safe or any storage on Safe Harbor Property while enrolled in Safe Harbor Program. **Client Initials** _____

Signatures

CLIENT PRINTED NAME

DATE

CLIENT SIGNATURE

DATE

ADMISSION COORDINATOR SIGNATURE

DATE