**Code of Conduct for FRCS Transitional Shelter Tenants at Fernridge Faith Center**

The following list is a review of the official rules and is neither complete nor exhaustive. The applicant agrees to abide by all rules and agreements. By initialing the following items, I signify that I understand and agree to each of them.

1. \_\_\_\_\_ I agree that my permission to stay at a transitional housing site may be revoked at any time by Fernridge Faith Center and Fern Ridge Community Services for any reason.
2. \_\_\_\_\_\_ I agree that if my permission to stay is revoked, I understand I will be given 14 days to leave of my own volition. If I do not leave within that time, the transitional shelter program will have my possessions and vehicle removed from the site.
3. \_\_\_\_\_ I agree to make a plan to transition to a different housing situation within 180 days of admission. I will write down a plan with the case manager as part of my intake process.
4. \_\_\_\_\_ I agree to cooperate with an assessment process to help me with finding services and possibly more permanent housing.
5. \_\_\_\_\_ I agree that I will not keep marijuana or alcohol or any illegal drugs in my dwelling unit while staying at a transitional shelter at Fernridge Faith Center. I will not use any illegal drugs and if I use marijuana or alcohol it will be off site.
6. \_\_\_\_\_ I agree if I choose to smoke cigarettes, I will do so outside my pallet shelter and will dispose of cigarette butts in appropriate receptacles.
7. \_\_\_\_\_ I agree to an initial drug/alcohol screen before being permitted to be on the property and understand there will be drug/alcohol screens as long as I/we are living on the property. A failed drug screen is grounds for permission to stay on the site to be revoked. We will have a conversation before decisions are made.
8. \_\_\_\_\_ I agree if I am struggling with addiction, I will participate in some treatment program as part of my plan.
9. \_\_\_\_\_ I agree that I will meet with the case manager in an initial meeting and set up a case plan to follow concerning goals such as employment, budgeting, recovery and health (including physical health & mental health), and eventually more permanent housing. Bi-monthly check-ins with the case manager will include addressing barriers that are getting in the way and how support best can be given.
10. \_\_\_\_\_ As part of my plan I agree to enroll with Orchid health care clinic if I do not already have a PCP and/or a mental health provider.
11. \_\_\_\_\_ I agree that I will always keep the site and the surrounding area clean and presentable to the public. I will not store anything around the site without permission. Everything must be kept inside my shelter.
12. \_\_\_\_\_ I agree I will display no violent or aggressive behavior or physical or verbal abuse at or near the site.
13. \_\_\_\_\_ I will not panhandle, gamble or display offensive behavior on or near the site.
14. \_\_\_\_\_ I understand that absolutely no weapons are allowed on the site.
15. \_\_\_\_\_ I agree to not have loud noise, loud music, parties or gatherings on the site, at any time.
16. \_\_\_\_\_ I will keep my belongings contained to my dwelling unit and not have an accumulation of belongings around my site. I will keep my shelter free of refuse and clutter, I will keep it clean, and it will be accessible, safe, and healthy.
17. \_\_\_\_\_\_ I agree to dispose of all trash in the appropriate receptacles.
18. \_\_\_\_\_\_ I will allow inspections of the shelter by the case manager and/or an appointed person from FFC or FRCS be given access to my dwelling space at any time.
19. \_\_\_\_\_ I will not allow visitors to park overnight in or around my site, and if I have a vehicle, I will park it in the parking lot provided.
20. \_\_\_\_\_ I understand I will be held responsible for the actions of my visitors.
21. \_\_\_\_\_ I understand that no visitors are allowed to stay in my dwelling overnight at anytime. Curfew for visitors is no later than 8pm or sunset whichever comes sooner.
22. \_\_\_\_\_ I understand that no open fires will be allowed, and cooking will only occur in designated areas.
23. \_\_\_\_\_ I understand that conflicts with other residents, neighbors, others from FFC or other local patrons may cause a revocation of my permission to stay.
24. \_\_\_\_\_ I agree that no other assistance (food, money, etc.) should be requested from the pastor or other FFC or FRCS members, but if offered, may be accepted.
25. \_\_\_\_\_ I understand that pets are not allowed on site, i.e. no dogs, cats, or birds.
26. \_\_\_\_\_ I agree to pay the $50.00 per month utilities contribution by the 3rd of each month.
27. \_\_\_\_\_ I agree that facility quiet hours 8:00 P.M. – 7:00 A.M.
28. \_\_\_\_\_ I agree that violations of the code of conduct may result in: (a) eviction from the camp by the Lane County sheriff’s office or the city’s designee, or (b) partial or entire campground abatement in accordance with Veneta Municipal Code 8.05.175, Abatement of prohibited camping-related activity.

CHILDREN - it is understood that only an applicant's own child may live in the shelter with them. The child must be school aged and attend school.

1. \_\_\_\_\_ I agree that if I have a child living with me, I will be held solely responsible for that child’s welfare. The church and Fern Ridge Community Services will not be held responsible for their safety and welfare.
2. \_\_\_\_\_ I agree that my child will go to school and I will supervise the child at all times when on the church property.
3. \_\_\_\_\_ I agree that I will not allow my child to play on the playground or anywhere on the church property without my direct supervision.
4. \_\_\_\_\_ I agree that any playdates my child has will not be held on the church property.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature of Resident Print Name Legibly

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature of Case Manager Print Name Legibly

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Signature of Program Supervisor Print Name Legibly