



F5 PROJECT APPLICATION

2018 Application_Rev010818

Name: _____ Date of application: _____

We need to know a little about you, your current situation, challenges/barriers that you identify for yourself, and how you would like to address your forward path. We are non-judgmental and non-discriminatory, but we do need to begin from the shared understanding of honest communication as the foundation of your success and the success of the F5 Project. We know that every situation is unique and we want to hear your story in your words. That allows us to assist in the best fit and/or make the best referrals customized to you and your path as this takes teamwork and a network.

Thank you in advance for your honesty in sharing. We appreciate the effort it takes to disclose such personal information.

PART I: TELL US ABOUT YOURSELF (DEMOGRAPHICS)

Name (Please Print): _____ Alias: _____
(First, Middle, Last)

Current address: _____ Cell phone: _____

City, State, Zip: _____ Originally from: _____

Email address: _____ Other contact info: _____

Emergency Contact: _____ Phone Number: _____ Relationship: _____

Identification: Do you have the following identification? (circle all that apply)

Birth Certificate Social Security Card State-issued Picture ID Tribal ID Military ID Other: _____

Date of Birth: _____ Age (at time of application): _____ State born in: _____ SSN: _____

Gender: What gender do you identify as? (circle)

Male Female Transgender Male to Female Transgender Female to Male Other Prefer not to answer

Race/Ethnicity: How do you describe your race/ethnicity? (circle all that apply and label what you identify as your primary)

White/Caucasian Black/African American American Indian/Native American/Alaskan Native Hispanic/Latino

Native Hawaiian/Other Pacific Islander Other: _____

Marital Status: What is your marital status? (circle) Single Married Divorced Separated Dating Other Information: _____

Children: Do you have children? Yes No How many and ages/gender: _____

Are you working with Child Protection? Yes No Do you have visitation? Yes No If yes, type and parameters? _____

Veteran: Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard)? Yes No

Branch of Service: _____ Did you serve in the Reserves or National Guard? Yes No

How many months did you serve? _____ Did you serve on active duty? Yes No When was your discharge? _____

Type of Discharge: (circle) Honorable Other than Honorable Dishonorable Do you have a copy of your DD214? Yes No



Applicant Name: _____

PART II: TELL US ABOUT YOUR CURRENT SITUATION

COMMUNICATION:

The F5 Project begins with the premise of open, honest, and high-quality communication. We require open collaboration with those support services and legal entities you are working with. That means that we will need to have the name, contact, and release of information for your parole/probation agent as we want to assist you in maintaining a positive, forward relationship.

How did you hear of F5? _____

Do you have any active warrants? Yes No *If yes, unfortunately, was are unable to consider you for The F5 Project. We ask that you take care of those BEFORE continuing the application.*

What is your Legal History/Background? (Please disclose the charges, location, year, other information, etc. Just a reminder – we do understand. Use the back if you need more space. We will also do a background check, so this is your ability to share more than what we will see.)

Have you ever been questioned, accused, charged, arrested, or convicted of any violent or sexual crimes: Yes No

Please describe situation: _____

Who is your probation/parole agent? _____ Contact info: _____

County/State you are on probation in? _____ Time remaining: _____

Conditions of probation: _____

HOUSING:

The F5 Project recognizes the need for you to have a place to call home in order to begin to feel confident and strong in the rest of your transition journey. F5 houses are meant to be your home, like any other house but complete with supportive roommates. All F5 participants work together like a family. You can count on them to share their strengths and they will count on you to share yours.

What is your current housing situation? _____

How long since you had a permanent place to live? (Permanent = 90+ days; is a house/apt/room you were renting, is not a shelter, jail, prison, or time-limited facility such as treatment)

CHECK WHICH ONE IS MOST APPROPRIATE								
0-Prevention	Less than 1 month	1-3 months	3-6 months	6-12 months	1-2 years	3-5 years	6-8 years	9+ years

Where was the permanent place located? State: _____ City: _____ Zip Code: _____

When was the last time that you had a lease in YOUR name? _____ Where was this located? _____



Applicant Name: _____

Have you ever been evicted? Yes No If yes, what was the reason for the eviction? _____

What is your desired move-in date? _____ What is your estimated length of stay that you anticipate? _____

Where do you plan to live after F5? _____

EMPLOYMENT / EDUCATION AND INCOME:

The F5 Project recognizes the strength of self-sufficiency and that begins with employment / education. All F5 participants are to be working 32 hours to 40 hours a week (or attend school at a full-time status). The F5 Project will accommodate and customize this for persons with a documented disability that may limit the ability to work. The hours of 8am – 5pm are time in which participants should be out of the F5 house working on elements of self-sufficiency specific to his or her success path.

I am/have (circle): Employed Unemployed Seeking Employment A documented disability A Full-time

If employed: How many hours a week? _____ Employer? _____

Schedule: _____

What are previous jobs you have had? _____

My skills / strengths are: _____

My education level is: _____

INCOME INFORMATION:

Approximately how much income have you had in the last month? _____

Do you have any of the following income sources? (Amounts are monthly)

- | | |
|--|---|
| Y / N Amount: _____ Earned Income/wages from a job | Y / N Amount: _____ Unemployment Insurance |
| Y / N Amount: _____ Worker's Compensation | Y / N Amount: _____ VA Services – Compensation or Pension |
| Y / N Amount: _____ SSI (supplemental security income) | Y / N Amount: _____ SSDI (social security disability) |
| Y / N Amount: _____ General Assistance | Y / N Amount: _____ Child support |
| Y / N Amount: _____ Tribal funds | Y / N Amount: _____ Alimony or Spousal Support |
| Y / N Amount: _____ Student grant/scholarship | Y / N Amount: _____ Contributions from other people |
| Y / N Amount: _____ Other, specify: _____ | |

Do you receive any of the following non-cash benefits?

- | | | | |
|----------------------------|-------|------------------------------|-------|
| SNAP (Food Stamps) | Y / N | TANF Transportation Services | Y / N |
| Other TANF-funded services | Y / N | Other: _____ | Y / N |

Other income and benefit related information: _____



Applicant Name: _____

TRANSPORTATION:

The F5 Project recognizes the need for mobility and transportation to help with self-sufficiency, work with parole/probation, wellness /recovery and other means of healthy socialization. F5 participants and staff try to help as much as possible with accommodating.

Do you have a valid driver's license: Yes No If yes, what state? _____

Do you have a vehicle? Yes No (SCAN IN REGISTRATION AND INSURANCE)

Make / Model / Color: _____ State / Plate #: _____

Do you have vehicle insurance? Yes No Insurance Company: _____

Alternative plans for transportation if you are without a vehicle: _____

HEALTHY SOCIALIZATION:

The F5 Project understands that healthy socialization is the key to building a broader network of support and strength. This can mean very different things depending on the person. F5 participants and staff try to help encourage and support fostering a family atmosphere as a foundation to build upon.

Family contacts we should be aware of outside of your emergency contact: _____

Friend contacts we should be aware of outside of your emergency contact: _____

Are you working with a case manager, ARMHS worker, or other provider for general support? Yes No

If yes: _____
Name of Case manager, etc. Agency Contact information

Name of other support worker, etc. Agency Contact information

What do you identify as healthy networks or means of healthy socialization for you? _____

PART III: TELL US ABOUT YOUR CHALLENGES / YOUR FOCUS WITH THE F5 PROJECT

The F5 Project is a "family" and a community. It is filled with compassion, empathy, and positivity. It is also filled with a keen understanding that not everything feels like it is forward moving at times; therefore, we believe in identifying the challenges ahead so that we can all foster strategies and supports for resilience in those day to day and week to week challenges.

PHYSICAL HEALTH / WELLNESS:

My primary doctor is (and facility/network): _____

Do you now, or have you ever had (or been diagnosed with) any physical health concerns? Yes No

If yes, do you require any physical accommodations? Yes No Describe: _____

Have you currently or in the past been diagnosed by a medical provider with any of the following?

- | | | | |
|---------------------|-------------------------|-------------------------------|-----------------------------------|
| Y / N Heart disease | Y / N Stroke | Y / N Cancer | Y / N HIV/AIDS |
| Y / N Hepatitis C | Y / N Liver Disease | Y / N Kidney Disease/Dialysis | Y / N Arthritis-related condition |
| Y / N Emphysema | Y / N Severe asthma | Y / N Chronic bronchitis | Y / N Traumatic brain injury |
| Y / N Dementia | Y / N Vision impairment | Y / N Hearing Impairment | Y / N Other, specify: |



Applicant Name: _____

Do you take any medications: Yes No

If yes, please list them: _____

Do you now, or have you ever had (or been diagnosed with) a long-term disability? Yes No

If yes, please explain: _____

Do you have any health concerns that you have not been seen for? Yes No

If yes, please describe: _____

Do you have any specific physical health related goals to share: _____

MENTAL AND DEVELOPMENTAL HEALTH / WELLNESS:

My current counselor/therapist/psychologist/psychiatrist is (and facility/network): _____

Do you now, or have you ever had (or been diagnosed with) any mental health concerns? Yes No

(Anxiety, depression, schizoaffective disorder...) If yes, please explain: _____

Have you ever had thoughts of self-harm or suicide? Yes No If yes, how long ago was the last time? _____

Do you now, or have you ever had, (or been diagnosed with) any developmental disabilities? Yes No

(ADHD, intellectual disabilities, autism spectrum disorders, cerebral palsy, fetal alcohol syndrome, etc.) If yes, please explain: _____

Have you experienced domestic violence as a child or adult? Yes No

If yes, did this occur **more than** 1 year ago? Y / N If **less than** than 1 year ago, approximately how many months ago? _____

Are you currently fleeing domestic violence? Y / N

CHEMICAL DEPENDENCY:

Do you now, or have you ever had (or been diagnosed with) anything associated with chemical dependency: Yes No

CIRCLE ONE: Alcohol dependence Substance/Drug dependence Both Neither

Please explain: _____

How do you describe your association with alcohol and/or substance/drugs? _____

Describe your history of use (age of first use, times of heavy use, ect.): _____

Have you abused prescription medications or OTC medications in the past? Yes No What was it? _____

Last date of use: _____ Drug(s) of Choice: _____ IV use: Yes No

What happens (what is your reaction) when you use your drug of choice? _____



Applicant Name: _____

Treatment: Have you been to treatment? Yes No If yes, treatment completed and where: _____

Recovery/Sobriety: What is your longest period of sobriety: _____

What were you doing to remain chemical free? _____

What do you feel was missing from your recovery? _____

Do you currently attend recovery meetings? Yes No If yes, which one? AA NA SMART Church Other

How often? _____ Do you also attend fellowship? Yes No

Sponsor: _____ Weekly Contact: Yes No If no, how often: _____

Who is in your support system? _____

FAITH / SPIRITUALITY:

Is this a part of your daily/weekly life? Yes No If yes, describe how it fits: _____

LIFESKILLS:

Please describe some of the lifeskills that you find challenging in your life: (budgeting, money management, credit score work, cooking, connecting/reconnecting to family and friends, etc): _____

OTHER CHALLENGES TO SHARE:

Please describe anything else that you find challenging in your life: _____



Applicant Name: _____

INSURANCE / ADMITTANCE:

Health Insurance: Do you have health insurance? Yes No Dental insurance? Yes No Vision insurance? Yes No

If yes, who is the provider:

_____ Medicaid	_____ Employer-Provided Insurance	_____ Veteran's Administration Medical Services
_____ Medicare	_____ State Health Insurance for Adults	_____ COBRA
_____ Private Pay _____		_____ Other _____

Have you been hospitalized/in-patient treatment for physical, mental, or substance use issues in the last 3 years? Yes No

If yes, what facility? _____ Reason for admittance: _____

Additional insurance information to share: _____

PART IV: TELL US ABOUT HOW YOU WOULD LIKE TO ADDRESS THESE CHALLENGES:

The F5 Project is a place to take the step forward, but you are the one taking the step and we are the ones that walk alongside you. It is so important that you are the one thinking through and deciding your path and journey as you are the one walking the path after to move on from The F5 Project. Although we are with you during your stay and support after you transition from the program, you are the one wearing the shoes, so we ask that you give us some of your thoughts on how you would like to walk in them.

FEEL FREE TO USE THE BACK OF THE PAGE TO TELL US MORE.

PHYSICAL HEALTH / WELLNESS:

My goals are: _____

MENTAL AND DEVELOPMENTAL HEALTH / WELLNESS:

My goals are: _____

CHEMICAL DEPENDENCY:

My goals are: _____

FAITH / SPIRITUALITY:

My goals are: _____

LIFESKILLS:

My goals are: _____

OTHER CHALLENGES TO SHARE:

My goals are: _____



Applicant Name: _____

I certify that the facts contained on this form are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this form or elsewhere (written or verbal), is sufficient cause for immediate termination of the application process and/or termination of services with The F5 Project.

When you have transitioned from The F5 Project to your own home, you need to take ALL of your belongings with you. We unfortunately cannot store anything. If you simply don't show up and we have to remove your belongings or if you leave things behind, you need to contact us within 48 hours to make arrangements to pick up your items. Otherwise we will dispose of them/donate them to another charity due to lack of space. This may seem harsh, but it is a reality of staying in our houses.

I acknowledge/understand that my belongings will be disposed of if arrangements are not made: _____(Initial)

The F5 Project is NOT responsible for losses of personal property including money, jewelry, clothing, etc. Stealing will result in immediate termination and possible legal action.

I acknowledge/understand that I am responsible for my property. I also will not interfere with another participant's property: _____(Initial)

The F5 Project is responsible for checking the operations and activities on the properties. It is for this reason that we have to inspect all parts of the houses and outside grounds.

I acknowledge/understand that The F5 Project reserves the right to inspect all areas of the property and vehicles on the property: _____(Initial)

Applicant Signature

Date

Staff Signature

Date



Applicant Name: _____

THE F5 PROJECT COMMUNITY GUIDELINES AND AGREEMENT

**I HAVE THE RIGHT TO OPEN, HONEST COMMUNICATION; therefore,
My responsibilities are:**

(Initial)

- To maintain communication with parole/probation agents and F5 Staff in order to allow for my most positive path forward.
- To follow all of the aftercare/treatment instructions from those I choose as part of my support network and communicate these steps to the F5 staff.
- To communicate with people in the F5 “family” and outside the F5 “family” in an open, honest way in order to build connections in the community and to build a strong supportive network. This includes attending all mandatory weekly house meetings.
- To communicate with the F5 “family” when I am struggling with any part of my goals and addressing challenges. I will reach out for help.
- To communicate with the F5 “family” when I see another person struggling with their challenges. I will reach out to help others.

**I HAVE THE RIGHT TO A SAFE, SUPPORTIVE PLACE TO CALL HOME (HOUSING); therefore,
My responsibilities are:**

(Initial)

- **To do my part to maintain a sober environment for myself and others by:**
 - Not possessing and drugs, alcohol, mood altering substances, mouthwash, over the counter medications with alcohol, (including ‘non-alcoholic’ beer or wine).
 - Not possessing any drug related paraphernalia of any kind including hookahs, rolling papers, etc.
 - Agreeing to take random drug/alcohol tests when requested by F5 staff as this is a tool that we use for accountability and communication.
 - Not going to bars, lounges, etc. without F5 staff approval in advance.

(Initial)

- **To do my part to maintain a quiet and peaceful environment for myself and others by:**
 - Not acting in a violent (emotional or physical) or threatening way and also not bringing in any weapons into the community (including storing in a vehicle)
 - Respecting the other residents of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas. I will also do my part to clean my room, make my bed daily, and ensure that the place is able to be inspected at any time by doing my fair share of housekeeping duties.
 - Not using any tobacco products in the house. Cigarette butts are disposed of outside. I will also only burn a candle if I am attending it so that there is no chance of fire.
 - Maintaining a curfew of 11pm every night for the first 30 days. After 30 days, you can work out a more customized plan with the F5 staff.

(Initial)

- **To do my part to ensure the house is comfortable for the residents in terms of privacy and activity by:**
 - Not having nonresidents on the property without F5 Staff approval in advance. (For example, a recovery sponsor would be approved.) This also includes pets and animals.
 - Maintaining separation between F5 houses on a day to day basis. An example is that the males of F5 Project are not to be at the womens’ houses as well as the reverse of this unless approved by F5 Staff in advance.
 - Maintaining personal space within the F5 houses. An example is that participants are not allowed to be in each other’s rooms. All conversations and interactions should be in the common space. I also know that I need to share a key with F5 staff if I choose to add a door lock to my room.
 - Maintaining a “fully clothed in common area” guideline. No one needs to see skin in the common area and there are no “butts” about this. (That is to see if you are reading this.)
 - Not agreeing to lend money, cars, etc. to another F5 participant as The F5 Project is not responsible for this choice.

(Initial)

- **To leave it the same way or better than when you arrived. I will ensure that the next person can move right in by cleaning and preparing it when I move out.**
- **To have ongoing communication with us about housing.**



Applicant Name: _____

I HAVE THE RIGHT TO BE A PRODUCTIVE CITIZEN IN THE COMMUNITY AND BE SELF-SUFFICIENT (EMPLOYMENT/EDUCATION); therefore,

My responsibilities are:

(Initial)

- To be out of the house from 8am – 5pm to be seeking employment OR be out of the house for the hours that I am scheduled at my job/scheduled at school
- To work with us if you need assistance with resumes, cover letters, applications – We are happy to help you capitalize on your strengths.
- To have ongoing communication with us about self-sufficiency (employment/education).

I HAVE THE RIGHT TO BE MOBILE AND GO WHERE I NEED TO GO TO ACHIEVE MY GOALS (TRANSPORTATION); therefore,

My responsibilities are:

(Initial)

- To find a means of transportation and/or communicate with the F5 staff and participants to explore options
- To work with us if you need an occasional ride to important appointments, interviews, meetings, etc. – We are happy to try to accommodate if you give us 72 hours notice.
- To have ongoing communication with us about transportation.

I HAVE THE RIGHT TO OPTIONS OF HEALTHY SOCIALIZATION FOR BETTER QUALITY OF LIFE; therefore,

My responsibilities are:

(Initial)

- To support F5 participants in their recovery rather than participate in their disease. This means that I will not keep secrets about substance/alcohol use, fractures of these community guidelines, or any destructive behaviors. I will notify F5 staff so that we can ensure a supportive and healthy environment for everyone.
- To work with us if you are struggling – We understand; we will help; and we will walk that path with you to help you minimize the struggle and capitalize on your strengths.
- To have ongoing communication with us about healthy socialization, recovery, and wellness.

Although I have initialed each part above, I am signing in acknowledgement that I will work hard to be an active and positive member of the F5 community. I will foster a family environment that is supportive. I understand that my success and the success of The F5 Project are in my hands and I am empowered to create my own success. The road may be winding, but it will always lead forward and my signature indicates that I am ready to take that step and ensure we build a community together with these guidelines as a framework.

Applicant Signature

Date

Staff Signature

Date



Applicant Name: _____

PHOTOGRAPHIC & VIDEO RELEASE FORM (Multi-Media Release)

PURPOSE: The F5 Project utilizes the web and social media for spreading the vision, mission, purpose, story, and impacts of all that it does. The participants of the program are key components of that story AND the F5 Project wants to celebrate your successes as well.

I hereby irrevocably authorize F5 Project and its successors and assigns and those acting under its behalf or with its permission and authority to copyright, use, publish for art, advertising, education, trade, illustration or any other photographic portraits or pictures of me or in which I may be included in whole or reproductions thereof in color or otherwise made through any medium, such consent to include any videotapes, films or audio recordings taken of me in conjunction therewith.

I hereby consent to F5 Project obtaining a copyright concerning or covering any photograph, portrait, picture or videotape, film or recording of me in its own name and hereby assign all of my right, title and interest in any rights which I may have to such photographs, reproductions, videotapes, films or recordings or the copyrights thereof unto the F5 Project

I hereby waive any right I may have to inspect or approve the finished product or advertising or other copy that may be used in conjunction or connection therewith or the use to which it may be applied.

I hereby release and discharge F5 Project and its successors and assigns, including all persons acting under its permission or authority including all of its officers, directors, agent and employees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the picture, videotapes, films and/or recordings or in any processing tending toward the completion of the finished product unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am of legal age and have no legal impediment to the right to contract in my own name (or on behalf of my child) in the above regard and, further, that I have read the above release and consent prior to its execution and that I am fully familiar with the contents thereof.

Circle one: F5 Participant Visitor Volunteer Other If other, please define: _____

Name (Please Print): _____

Contact: (Phone) _____ (Email) _____ Dated this _____ day of _____, 20 _____

Event (if applicable): _____

Signature of Consentor: _____

NOTE: For a Minor Child - If subject in photo is under 18 years of age, a parent or consentor must complete the 3 lines below. For example, in volunteer activities, visitations, etc. this form is used.

Signature of Consentor on behalf of the minor: _____

Name of Minor(s): _____

Relationship to Consentor: _____



Applicant Name: _____

AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION FORM (Release of Info.)

PURPOSE: The F5 Project has a foundation of quality communication, collaboration, and advocacy for all participants in the program. In order to most effectively create these positive partnerships, there is a need for fluid and honest communication with correctional facilities, probation/parole agents, healthcare providers, mental health providers, chemical dependency support systems, etc. We need a release of information in order to begin these collaborations and to support your positive path in the best manner possible.

Name of Participant: _____ Date of Birth: _____ SSN#: _____

Release to: F5 Project - Fargo, North Dakota

I AUTHORIZE: (initial by each and list place/person behind it)

- _____ Correctional Facilities: _____
- _____ Probation/Parole Agent: _____
- _____ Healthcare Provider: _____
- _____ Mental Health Provider: _____
- _____ Chemical Dependency Support Provider: _____
- _____ Other: _____

SPECIFIC DESCRIPTION OF INFORMATION TO BE USED AND DISCLOSED:

- _____ Entire Medical Record for all dates OR _____ Treatment from _____ (date) to _____ (date)
- _____ Progress Notes/Clinic Notes
- _____ Assessments / Treatment Plans
- _____ Verbal discussion only – Do not release any written records
- _____ Hospital Admission & Discharge Summary _____ Lab / Pathology Reports _____ Operative Report _____ X-ray Reports/Films/CD
- _____ Psychiatric/Psychologic Intake _____ Immunizations _____ Social Work Intake _____ Billing Information
- _____ Other (please specify): _____

_____ **I AUTHORIZE RELEASE OF ALL COMPONENTS INCLUDING ALCOHOL AND/OR DRUG ABUSE RECORDS THAT ARE PART OF THOSE I SPECIFIED ABOVE, UNLESS OTHERWISE INDICATED HERE:**

PURPOSE OF THE USE AND DISCLOSURE: The F5 Project uses this information to provide an environment that supports personal success.

- _____ Further Treatment _____ Insurance Application _____ Personal Records _____ Education
- _____ Disability Determination _____ Payment of Insurance Claims _____ At my request _____ Legal
- _____ Vocational Rehabilitation Evaluation
- _____ Other (please specify): _____

I authorize the use and disclosure of my individually identifiable health information as described above, including verbal and written exchanges about the information unless I indicated otherwise. I understand that this authorization is voluntary. I understand that if the person or organization I authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed. I understand that my health care and payment for my health care will not be affected if I do not sign this form. A photocopy or fax of this authorization will be treated in the same manner as the original.

I understand that this authorization is IRREVOCABLE while a participant of the F5 Project and will remain in effect for 12 months from the date of signing.

Signature of F5 Participant (Patient/Client/Guardian/Representative)

Date

F5 Project Staff / Witness

Date



Applicant Name: _____

FINANCIAL AGREEMENT FORM

PURPOSE: The F5 Project operates as a supportive program and requires an agreement as to the responsibilities of the participant from the standpoint of finances. Our program is simply structured and will be customized to your path; however, you will be held to the basic community guidelines and the agreement for that.

This form serves only as the financial agreement as to the logistics of your entry to the F5 Project program.

Acceptance/Admission Date: _____
Move-In Date: _____

Name of Participant: _____

Date of Birth: _____ SSN#: _____

Residence Address: _____

F5 Project Fees: \$ _____ Per WEEK OR \$ _____ Per MONTH

NOTE: Fees include housing and basic utilities (electricity, heat, and water/sewer/garbage). Additional amenities such as cable, internet, etc. are the responsibility of those in the F5 Project house and will be prorated amongst participants. Additional charges for excessive or additional utilities may apply and will be prorated amongst participants. These charges will be communicated to the participants in advance to make them aware of any changes.

PLEASE INITIAL EACH:

- _____ I understand that this is a month to month Program Agreement and I understand the following:
- I may pay my fees on a weekly basis (maintaining paying one week ahead of the current week) or a monthly basis (due on the 1st of the month)
 - I must make the weekly or monthly arrangement IN ADVANCE with the Housing Coordinator. I will communicate with the Housing Coordinator any challenges I am having immediately with payment so that we can proactively plan a means to navigate the challenge.
 - I may be asked to leave the program if I do not pay my fees in a timely manner.

_____ I understand that I am a part of the F5 Program contingent upon upholding the F5 Community Guidelines and Agreement that I signed.

- _____ I understand that in addition to the F5 Community Guidelines, I can be asked to leave the program if I do any of the following:
- Acquire new legal charges
 - Fail to be an active participant: Attend support group meetings weekly, maintain employment/education, adhere to terms and conditions of probation/parole/Drug Court, attend all medical/mental health appointments, attend house meetings, support and empower fellow F5 participants, and volunteer in the community.
 - Cause any damage to F5 property or the property of any F5 participant

_____ I understand that if I have any unpaid account balance at the time of discharge from the program, it is subject to the cost of collections and lawyer's fees if required.

Signature of F5 Participant

Date

F5 Project Staff / Witness

Date