



**Hospitality House of Northwest NC**

Serving Watauga, Ashe, Avery, Wilkes, Alleghany, Mitchell and Yancey

## EMERGENCY SHELTER RESIDENT GUIDELINES

The mission of Hospitality House is to rebuild lives and strengthen community by providing a safe, nurturing, healthy environment in which individuals and families experiencing homelessness and poverty-related crises are equipped to become self-sufficient and productive. This document outlines services that are immediately available to you through our Emergency Shelter program. These guidelines are established to ensure the health and safety of all members of our community. Each resident is expected to meet with a service coordinator within 4 days of entry to provide homeless verification. Hospitality House is committed to respectful and professional working relationships with all clients.

Eligibility for the Emergency Shelter will be based on level of vulnerability and space availability with priority given to those from our service area (Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties). **Generally, there is a 90 day stay limit at the Emergency Shelter. Any stay beyond the limit must be approved by the Emergency Shelter Service Coordinator. In addition, there is a 90 day stay limit over the period of a year. Extensions may be granted depending on circumstances. This excludes winter shelter season.** Once you have been assigned a bed, you will have priority at check in as long as you check in and stay at the shelter each evening by 7:00 pm otherwise, the bed will be reassigned.

### SERVICES AVAILABLE:

- A. Emergency Shelter housing
- B. Daily meals including breakfast, lunch and evening meal
- C. Service Coordination including goal planning and other support
- D. Counseling and support groups
- E. Employment, education, and housing counseling
- F. Use of phone and computer
- G. Bathing and laundry facilities
- H. Use of mailing address

### HOUSE HOURS

|                               |                            |                         |
|-------------------------------|----------------------------|-------------------------|
| Rooms Locked (Key Returned)   | 8:00 am weekdays           | 9:00 am weekends        |
| Check-in                      | 5:00 – 7:00 pm daily       |                         |
| Community Kitchen hours       | 6:30 – 8:30 am (Breakfast) | 11:30 – 1:00 pm (Lunch) |
|                               | 5:30 – 6:30 pm (Dinner)    |                         |
| House closes to non-residents | 7:00 pm                    |                         |
| House Meeting in dining area  | 7:00 pm                    |                         |
| Lights out / Quiet time,      | 11:00 pm until 6:30 am     |                         |
| No TV, No cell phone use      |                            |                         |

### Equal Housing Opportunity

Hospitality House does not discriminate in housing placement, services or accommodation on the basis of any protected characteristic, including: race, color, religion, sex, familial status, disability, age, gender, LGBTQIA (lesbian, gay, bisexual, transgender, queer/questioning, intersex or allies), status or marital status. All Hospitality House facilities are handicap accessible.



## POLICIES AND PROCEDURES

- A. I understand that the Hospitality House will conduct a fugitive warrant and sex offender registry check and will cooperate with law enforcement when asked.
- B. I understand that I am encouraged to spend the daytime hours out working, seeking employment and housing, accessing needed services etc. Hospitality House is open all day for supportive services, activities and mealtimes.
- C. I understand that dorm hours are from 5:00 pm until 8:00 am weekdays and 9:00 am weekends. I am expected to be up and out of the dorm by 8:00 am weekdays and 9:00 am weekends unless prior staff approval has been obtained. Dorms are locked at 8:00 am weekdays and 9:00 am weekends and unlocked at 5:00 pm. I will make sure I have everything I need for the day, including any medications, before the rooms are locked as the rooms will not be unlocked on request.
- D. I understand that check-in is from 5:00 pm until 7:00 pm daily. I must check-in by 7:00 pm if I want to utilize my bed. Staff starts assigning vacant beds after 7:00 pm. Once I have checked into the House for the night I am expected to remain in the building or in the designated smoking areas. Exceptions will be considered **ahead of time** and must be approved by a service coordinator in advance for education, employment schedule, AA/NA, religious meetings, and similar reasons **ONLY**. In case of an **emergency situation** that will prevent me from checking in by 7:00 pm, I understand I must notify staff **immediately** to explain my situation and that staff may approve a late check-in based on the emergency situation. There is a house meeting at 7:00 pm daily for roll call and announcements. The use of cellphones during the meeting will result in my having to check my phone in with staff until the next morning. If after signing in, I leave the property without staff approval, I will **need to meet with a service coordinator**.
- E. I understand that children (minors) must always sleep in the same room as a parent or guardian, and be supervised at all times (**Refer to Families with Children Guidelines**). Every effort will be made to keep family together.
- F. I understand that there is a phone for use by clients. I may receive calls at this number: (828) 262-1882. I will limit calls to **5 minutes** as others may need to use it as well. I will take messages for clients who are not available and post them on the bulletin board near the phone. I will respect the privacy of those using the telephone. The agency phone is not available for personal calls unless I am working on a goal related activity with my Service Coordinator.
- G. I understand that all residents of Hospitality House should assist in the smooth operation of the program. House responsibilities, daily cleaning and picking up after myself are expected. **It is my responsibility to complete a house responsibility daily and to get staff to sign off when I complete my house responsibility**. Remember, this is your home; please help us keep it clean.
- H. I understand that good hygiene is necessary as part of community living. **Soap, shampoo, body wash, washcloths and towels are available at the front desk**. Please help us conserve water and limit your shower time. Bed linen will be washed weekly based on the schedule for my room. Laundry facilities are available at the shelter for personal laundry. I will not dispose of any items in the toilet other than toilet paper to keep plumbing clear.
- I. I understand that Hospitality House is not responsible for my personal belongings and Hospitality House will donate personal items left in the dorms or common areas after **3 days of my exiting**. Lockers are provided and assigned by bed number.
- J. I understand that the Hospitality House staff has the right to search my room and locker, and any personal possessions on Hospitality House property.
- K. I understand that no provisions are made for food storage, except for WIC items. Food purchased by or donated to the shelter may not be labeled for individual consumption. **I am not to store any food or drink in my room**.
- L. I understand that the Hospitality House prohibits personal and/or romantic/sexual relations, including personal displays of affection, between employees/volunteers/interns, and residents and I will not engage in such a relationship.
- M. I understand that acceptance into a program or facility of Hospitality House does not give me any permission or rights on any other property maintained by or bordering Hospitality House property.



- N. Due to confidentiality requirements there is to be no filming, photography, or recording by clients of anyone on Hospitality House property without their specific permission.
- O. I may meet with a Service Coordinator to discuss what services are available.
- P. I understand that I may be asked to meet with a service coordinator and/or may be asked to leave immediately for reasons including but not limited to the following:
  - 1. If I am in possession of drugs or alcohol while on Hospitality House properties.
  - 2. Smoking in the building.
  - 3. Tampering with any fire safety devices (alarm, sprinkler system or emergency exits) or removing any posted notices.
  - 4. Using an emergency exit for a non-emergency and/or enter or exit the building through a window.
  - 5. Participating in violent or disruptive behavior or any behavior including bullying behavior deemed detrimental to the well-being of other guests, staff, or the operation of the house.
  - 6. Theft of any kind will not be tolerated and will be dealt with on a case by case base.
  - 7. Entering another resident's room or entering an area not designated as Emergency Shelter
  - 8. Destruction of property

I understand that Hospitality House may verify my residency status with other helping organizations (i.e., probation/parole, food stamp/Medicaid workers, Social Security Disability workers, etc.) to collaborate with supportive services.

I understand that when asked to leave, times are cumulative, and that a trespassing warrant may be taken out for failure to respect restriction periods as deemed necessary for the security and integrity of Hospitality House, staff, volunteers and residents. I may only remove my belongings between the hours of 8am and 7pm.

We use a computerized Homeless Management Information System (HMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the Privacy Policies. The NC HMIS system is compliant with the Health Insurance Portability and Accountability Act (HIPAA), and all Federal and State laws and codes. All Privacy procedures are designed to ensure that the broadest range of providers may participate in the project. All users issued access to the system must sign a User Agreement & Code of Ethics form and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines their sharing and prevents re-release of information to unauthorized third parties (the Sharing QSOBAA). I also understand I can refuse.

I understand that this is a contract between the Hospitality House and myself. I sign my name to it understanding that I will be expected to abide by its terms. I understand that the staff and other persons designated by the staff will be expected to take the prescribed actions if the terms of this contract are not observed. I agree to cooperate with providing needed verification of my homeless situation.

I have read (or been read), understand, and agree to follow all guidelines and posted schedules during my stay at Hospitality House.

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

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

Staff Signature: \_\_\_\_\_

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