

Expectations and Rules Agreement

- You must be able to complete your Activities of Daily Living independently, including toileting, transferring from bed to any mobility device, showering, dressing, and feeding yourself.
- No smoking is permitted inside of the sheltering structure. Smoking within a sheltering structure shall be grounds for immediate discharge from the Support Site.
- Substance use of any kind, including alcohol, and/or the distribution of substances, including alcohol, is not permitted anywhere at the Support Site. The use of any substance, including alcohol, shall be grounds for immediate discharge from the Support Site.
- The City does not tolerate violence or threats of violence toward other people, including the use of targeted racist, sexist, ageist, or any other culturally insensitive remarks or language to verbally assault Support Site staff or residents. Such behavior shall result in your immediate discharge from the Support Site.
- External guests (people who are not enrolled in the program) are not allowed inside the sheltering structures or inside of the Support Site.
- Wellness checks occur twice each day between the hours of 8:00 a.m. and 10:00 p.m. Two recorded and unexcused absences may lead to discharge from the Support Site.
- City-owned items are NOT to be removed from the site. Removing City-owned items may lead to discharge from the Support Site.
- Please maintain responsibility for your belongings and keep valuable items with you. The City is not responsible for lost or stolen items.
- It is your responsibility to keep your assigned space clean and free from trash, debris, and waste of any kind. Please keep all your belongings inside of your shelter. Permitted items outside of the sheltering structure include only bicycles, mopeds, scooters, or the like.
- There shall be no video or audio recording or photographing of other residents at the Support Site.
- Please be respectful toward your neighbors. Please avoid using a loud voice, playing loud audio, or making disruptive noises. Quiet hours are all the time.
- Please be respectful of other's space. Do not enter another resident's space without explicit permission. Failure to abide by this policy shall lead to your discharge from the Support Site.
- Tent checks will be conducted bi-weekly. If you are not present, the City may enter your space to ensure that areas are kept clean and sanitary.
- If discharged, please take your belongings with you. The City will not hold your personal items.
- The City reserves the right to always have unrestricted access to the sheltering structures when there is a health, safety, or welfare concern. City staff shall have a copy of each key.

Resident Signature

Date

Emergency Contact: Name, Address, Phone Number, Relationship

City of Lawrence, Kansas, Support Site Pet Policy

1. Pets at the Support Site are held to the same standards as residents. Inappropriate behaviors including destruction, aggression, or disruption are not permitted. You may be required to crate or remove your pet for any of the following reasons:
 - a. The pet poses a direct threat to safety of others.
 - b. The pet engages in uncontrolled disruptive behavior, including consistent howling, barking, or the like.
 - c. The pet causes an unsanitary condition at the Support Site.
2. Owners shall be responsible for the well-being and care of their pets at all times and shall be responsible for cleaning up after their pet. Residents shall collect pet waste and dispose of it properly.
3. All pets shall be in their owner's care at all times or left securely in the care of _____.
 - a. An emergency care person must be appointed if a pet must be left unattended.
 - b. My emergency care person is: _____
4. The City of Lawrence does not assume any liability for any pet or animal at the Support Site.
5. The City will contact animal control if the emergency care person is unable to be contacted or is unwilling to care for the pet.
6. I understand that violating any of these guidelines may result in disciplinary actions including being asked to leave the program.

Resident's Name (printed) _____

Signature _____

Staff name (printed) _____

Signature _____