

Tenant Guide to Supported Housing

Career Opportunity Development, Inc.

Thank you for choosing Career Opportunity Development Inc. to provide you with support services!

We will strive to provide you with the best possible support services on your journey of recovery.

This handbook is designed to provide information and explanation of the services CODI provides, your responsibilities, a brief introduction to wellness and recovery, and emergency information.

We are proud to be given the opportunity to work with you on your path to living a successful, productive, independent lifestyle in your community.

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Frequently Asked Questions

***What is supportive housing?***

Supportive housing is a program where you hold the lease to your own apartment in the community. It may be financed by the New Jersey Division of Mental Health and Addiction Services (DMHAS) or by the federal government for section 8, which provides eligible consumers with a rental subsidy. CODI is the agency that manages the subsidy and can provide you with Community Support Services (CSS.)

***What is a rental subsidy?***

A rental subsidy is when the financer pays a portion of your rent and you pay a percentage of your adjusted gross income.

***What are Community Support Services or CSS?***

Community Support Services are services available to you to assist you to live independently in your own apartment as determined by you and your Individualized Rehabilitation Plan (IRP) team.

***Who is my Individualized Rehabilitation Plan (IRP) team?***

Your IRP team consists of CODI staff and any other agency you receive services from that you want to include. Your family and/or other natural supports may also be included in the team.

***What are my responsibilities?***

You are responsible for paying your share of the rent to the landlord, paying your utilities, notifying CODI if your income changes, keeping your apartment safe, being responsible for your own possessions, managing your own finances to the best of your ability, and allowing an annual inspection and abide by the terms of the lease. In most cases you must reside in your apartment for one year prior to relocating.

***What is recovery?***

Recovery from Mental Health Disorders and Substance Use Disorders is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (SAMSHA, 2012)

***What is wellness?***

Wellness is an active process of becoming aware of and making choices toward a more successful existence. Wellness is the process in which a person in recovery is empowered to make purposeful choices that lead to a more satisfying and healthy lifestyle.(Swarbrick, 2005)

***What CODI staff members are on my IRP team?***

Your CODI IRP team providing you with services may consist of:

Supportive Housing Coordinator CSS Caseworker

Recovery Plan Coordinator VP of Residential services Registered Nurse

**Recovery Dimensions:**

There are four major dimensions that support a life in Recovery. They are:

**Health:** overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.

**Home:** a stable and safe place to live

**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

**Community:** relationships and social networks that provide support, friendship, love, and hope.

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**Career Opportunity Development, Inc.**

**RESIDENTIAL SERVICES AGREEMENT**

As individual receiving Residential services from CODI, I agree to:

1.

Participate in CODI’s Residential program, which is a transitional program designed to assist consumer to function as well as possible in the least restrictive community setting.

Participation in the development, review and monitoring of an Individualized Rehabilitation Plan (IRP) based on my wellness and recovery goals.

Support to achieve wellness and recovery goals in a fully developed Wellness and Recovery Action Plan (WRAP) if I choose to use that tool.

Participate in gainful activities such as employment, volunteering, attending day program, school, or another training program of my choice as identified in my Comprehensive Service Plan goals.

Conduct myself in a responsible manner at all times and respect the rights and privacy of other residents; staff, neighbors, and their property.

Take medication as prescribed by my doctor. Decorate personal space in a non-offensive manner.

Be responsible for maintaining my belongings in a neat, organized fashion, free of hazards that may obstruct a safe exit and/or create a disorderly living space.

Protect CODI property and be held monetarily responsible for any property damage I may cause including damage to personal belongings of other residents.

Not have alcohol or drugs and/or drug paraphernalia in the residence. Not use illegal substances. I understand that if I abuse such substances I may be required to attend a clinically appropriate substance abuse program, and I may be terminated if I continue to abuse substances.

Not possess weapons or dangerous objects of any kind, including but not limited to a gun, knife, box cutters, or other objects that may be seen as potentially dangerous.

Allow staff to enter my bedroom to ensure my safety or to search my area and my belongings to ensure my area is free of illegal or unsafe substances or objects.

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Not keep a pet without the approval of the other residents and VP of Residential Services.

Not smoke in any form [including e-cigarettes] in any CODI facility or vehicle and to smoke only in designated smoking areas.

Not use candles, incense, or other flammable material.

Not have overnight guests, and to entertain guests in common areas only. Notify staff immediately of any emergency, problem, or unusual incident.

Allow CODI to share information including Electronic Protected Health Records and Protected Health Information with CODI Business Associates, NJ Division of Mental Health and Addiction Services (DMHAS), Auditors, CARF, Medicaid, and applicable funding sources.

Change rooms if I am asked to do so or share a room with another resident.

Inform staff, of my anticipated time of return and sign out when leaving a group home. If I cannot return at the time anticipated, I will inform staff of my delay.

Return bedroom key upon discharge. I will pay to replace lost keys. If I change the lock, I will provide CODI a copy of door key.

Pack and remove personal belongings, upon departure from the program. I understand that unclaimed items will be discarded after 30 days of departure from program.

Pay Residential Service Fee of $450.00 for A+ housing, and $350.00 for B-level housing. I agree to pay Residential Service Fee by the fifth of each month. I understand the Residential Service Fee helps cover the cost of necessary housing expenses.

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As a Residential Service Provider, CODI will:

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Support and assist resident in developing an Individualized Rehabilitation Plan (IRP.)

Support to achieve wellness and recovery goals in a fully developed Wellness and Recovery Action Plan (WRAP) if you choose to use that tool.

Provide staff assistance with activities of daily living skills to enhance independence as identified in IRP.

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Provide assistance with managing and budgeting money.

Provide advocacy services with other mental health providers, health care providers, and social service agencies

Provide assistance with skills development training as indicated on my IRP.

Provide Assistance with linkage to health care providers when necessary and as indicated in my IRP.

Provide transportation, when otherwise not available, as resources permit provided I give one week advanced notice of needing transportation.

Provide opportunities for residents to engage in community activities. Provide suitable opportunities for interactions with others.

Provide resident with opportunity to spend one’s own money for expenses and purchases.

Provide suitable opportunities to see visitors each day.

Provide suitable opportunities to practice the religious/spiritual program of one’s own choice or to abstain from religious practices.

Provide resident with a clean and safe environment including furniture, kitchen items, and linens, and with all utilities including telephone and basic cable in A+ and B group home arrangements. Cable is not provided for B-SIA apartments.

Provide residents in group homes with healthy food choices.

Provide staff support on a 24-hour basis at A+ group homes. On site or telephone support in response to crisis situations for B-level arrangements is provided 24 hours per day as needed. After hours support can be contacted by calling # 609 965- 4873.

Provide access to CODI written policies and procedures located at the main office or in Residential staff office of each group home, and via CODI’s website.

Hold bed should resident be hospitalized or leave the residence temporarily for up to thirty (30) days.

Provide information regarding an Advance Mental Health Directive.

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I understand that if I have questions or concerns I will contact my Residential Manager.

I understand that I have rights, and have been provided a copy of Rights of Individuals Receiving Services which will not be violated (See Attached Rights of Individuals Receiving Services).

I understand if I have a complaint I may follow the Grievance Procedure and have been provided a copy of CODI’s Grievance Procedure (See Attached Grievance Procedure.)

I understand I may review CODI’s Residential policies and procedures located at 901 Atlantic Avenue, Egg Harbor City, by contacting VP of Residential Services Sarai Southrey at #609 965-6871.

I understand that CODI’s Residential program is a voluntary program.

I understand CODI is not responsible for my property while I am residing in the program. I may obtain Personal Property Insurance on my own.

I also understand that this agreement has no end date and I cannot be terminated from CODI’s Residential program except in the following situations:

* If I have achieved my IRP goals and have received the maximum clinical benefit of the program.
* If I choose to no longer request any further support from CODI.
* If I am absent from the residence for a continuous period of [30] without providing notice of intent to return
* If my behavior renders the residence or program out of compliance with any lease or any applicable law or regulation
* If I repeatedly violate a reasonable rule governing conduct after CODI has provided me written notice to cease violating that rule in accordance with NJAC 10:37.

I received, read, and agree to CODI’s Residential Services Agreement.

Consumer Signature Date:

Witnessed by: Date:

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**Career Opportunity Development, Inc.**

**COMMUNITY SUPPORT SERVICES AGREEMENT**

Career Opportunity Development, Inc. provides Community Support Services (CSS) to assist consumers of mental health services to lead happy and productive lives in community settings. The services offered and selected will reflect your needs and your choices to help you toward your recovery and a lifestyle of wellness.

As a consumer of CODI’s CSS program, I, , hereby understand that I will be provided, at no cost to me for as long as I desire or need, the following services:

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Participation in the development, review and monitoring of an Individualized Rehabilitation Plan (IRP) based on my wellness and recovery goals

Support to achieve wellness and recovery goals in a fully developed Wellness and Recovery Action Plan (WRAP) if I choose to use that tool

Face to face support visits in my home when conditions are safe and as indicated in my IRP

Support for living in a safe and decent home

Inspection of my home for the purposes of assessing my safety and welfare with advance notice

Assistance with managing and budgeting money

Advocacy services with other mental health providers, health care providers, and social service agencies

Assistance with skills development training as indicated on my IRP so that I may be able to maintain my home as independently as possible

Assistance with linkage to health care providers when necessary and as indicated in my IRP

Transportation, when otherwise not available, as resources permit provided I give one week advanced notice of needing transportation

Available on site or telephone support in response to crisis situations 24 hours per day as needed. A**fter hours support can be contacted by calling # 609 965-4873**.

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As a consumer of CSS, I also agree to the following responsibilities and obligations:

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To collaborate with staff to identify and achieve goals as indicated on my IRP

To respect the rights, privacy and quiet enjoyment of housemates and/or neighbors To maintain my home in good repair and a sanitary degree of cleanliness

[If you need help cleaning, we can refer you to someone who cleans for you at your expense.]

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To report any repair needs to the landlord

To not use illegal substances and engage in illegal activities

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To allow support staff safe access to my home. Support staff and/or the landlord will give me prior notice 24 hours in advance except in critical life situations where there is concern for my welfare, welfare of others, or property.

I understand that if I have questions or concerns I will contact my designated support worker.

I understand that I have rights, and have been provided a copy of Rights of Individuals Receiving Services which will not be violated (See Attached Rights of Individuals Receiving Services.)

I understand if I have a complaint I may follow the Grievance Procedure and have been provided a copy of CODI’s Grievance Procedure (See Attached Grievance Procedure.)

I understand I may review CODI’s CSS policies and procedures located at 901 Atlantic Avenue, Egg Harbor City by contacting VP of Residential Services Sarai Southrey at #609 965-6871.

I understand that CODI’s Community Support Services program is a voluntary program.

I also understand that this agreement has no end date and I cannot be terminated from receiving Community Support Services except in the following situations:

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If I have achieved my IRP goals and no longer need any further support from CODI

If I am out of contact with the program for a continuous period of [90] days after staff has made reasonable attempts to contact me

If I leave the Atlantic County and I am no longer accessible to staff

If I repeatedly violate a reasonable rule governing conduct after CODI has provided me written notice to cease violating that rule in accordance with NJAC 10:37.

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In addition, I understand that I may always re-apply for CODI Community Support Services after termination and my case may be re-opened, should I choose to receive such services.

Consumer Signature

Date:

Witnessed by:

Date:

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