



# Eagles Nest Housing

17421 State Route 530 NE Arlington WA 98223

## Please include the following to complete the application process

1. Completed Application Form
2. Copy of Judgment and Sentence
3. Signed Stipulations
4. Completed Disclosure Form
5. Signed Release of Information Form
6. Copies of Treatment Summaries (if applicable)

## Eagles Nest Transitional Program Application

Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Birthday: \_\_\_\_\_ SO Level: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Counselor/DOC officer Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Therapist Phone/Email: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN# \_\_\_\_\_

ID# \_\_\_\_\_; issuing state: \_\_\_\_\_

Type of ID: Prison    State ID    Driver's License

Do you have a Driver's License? \_\_\_\_\_; issuing state: \_\_\_\_\_

(We will need you to make copies of ID and SS card)



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Email: \_\_\_\_\_

## **Emergency Contact (s)**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

#1. How would you describe your religious beliefs?

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#2. Why do you want to come to Eagles Nest Housing?

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#3. Please list your short-term and long-term goals?

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#4. How do you interact with other people?

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#5. Are you willing to participate in-house Bible studies, special meetings, classes and discussion groups?

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#6. Please explain how you see your finances working upon entering the program. Program fees are \$500.00 a month.

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#7. What is your Early Release Date? \_\_\_\_\_

A. Are you under the IRSB? \_\_\_\_\_

#8. If accepted, do you have family or friends that would be a good contact for us to have during the preparation for release? If so, please list that person contact information. Consider things like travel arrangements on day of release. If needing our assistance, please specify that information here.

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

ANY UNADJUDICATED OFFENSES

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ANY CHARGES WITHOUT A CONVICTION

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ANY DOMESTIC VIOLENCE S (DV'S) in the last 5 years

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DO YOU HAVE AN ADDICTION (ALCOHOL/DRUGS, ETC)

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IF YES HAVE YOU UNDERGONE ANY OTHER TYPE OF TREATMENT? COMPLETED? WHEN/WHERE?

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## MEDICAL QUESTIONNAIRE

Please list ALL medications you are currently taking under a doctor's supervision.

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List your doctors

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Do you have any of the following: Circle all that apply.

Hepatitis: A    B    C

Aids

Other Blood born      List: \_\_\_\_\_

Heart problems

Seizures    Cancer,    Diabetes,    Other; \_\_\_\_\_



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## Program Stipulations Agreement

I, \_\_\_\_\_, hereby understand that Eagles Nest is a faith based (Christian) based clean and sober living residence.

The following rules apply to all applicants.

1. \_\_\_\_\_ I understand that I may be required to participate in the assistance in maintaining the properties understanding employment schedules will be taken into consideration.
2. \_\_\_\_\_ I understand I am expected to participate in Community Service and volunteer work as directed by House leadership.
3. \_\_\_\_\_ I understand this is my home and will I will participate in keeping it maintained, clean and participate in its improvements.
4. \_\_\_\_\_ I understand my housing is contingent upon my active participation and that Landlord/Tenant rights do not apply. I understand if I terminate or am terminated there will be no refund of program fees and I must leave the premises immediately upon request.
5. \_\_\_\_\_ I understand I may be terminated immediately for INSUBORDINATION, A THREAT OF VIOLENCE, POSSES WEAPONS, PROPERTY ABUSE, LYING, STEALING, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY
6. \_\_\_\_\_ I understand if I terminated or am terminated, I must take all my belongings with me. Anything left becomes the property of Eagles Nest and may be immediately disposed of, unless otherwise agreed upon in writing by the House Leader.
7. \_\_\_\_\_ I agree to submit to a chemical dependency evaluation at any time. Furthermore, I agree to participate in relapse prevention therapy as recommended.
8. \_\_\_\_\_ Under no circumstance are: non-prescribed drugs or alcohol to be on the premises, possessed or consumed. The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Covering for someone who is drinking or using drugs constitutes participation and you will be terminated along with the user of the drugs. Ministry team leaders should be informed first so we may intervein on the behalf of the user.
9. \_\_\_\_\_ I agree to submit to breathalyzer and/or drug testing upon request of ministry leadership. I understand that addictive behaviors are prohibited, e.g., gambling, pornography, sexual activities, or any behavior not in alignment with good moral standards or DOC restrictions.
10. \_\_\_\_\_ I understand there is no use of tobacco products inside the house.
11. \_\_\_\_\_ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests on the premises. ABSOLUTELY NO MINOR GUEST IS ALLOWED, NO EXCEPTIONS.



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12. \_\_\_\_ I understand pets are not allowed.
13. \_\_\_\_ I always understand I must consider the needs of others, and strive to be a positive influence
14. \_\_\_\_ I will maintain neat, sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If agreement is not reached or the premises is not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
15. \_\_\_\_ I will be proactive in my participation in programming and treatment required according to my Judgment & Sentence. I will abide by any conditions set by my treatment provider and/or my Community Corrections Officer.
16. \_\_\_\_ I grant permission for the Department of Corrections and/or any other program/treatment provider/employer to release any and all records, to be reviewed by the Eagles Nest Housing leadership; to include, but not limited to mental health/therapy reports, financial and employer performance reports.
17. \_\_\_\_ I understand if I receive an EBT Card (Food Stamps) or not I have the responsibility to budget my food responsibly. I agree if I have run into a food shortage during the month to communicate with Ministry team House leadership who will guide me to the acquisition of food.
- 17b \_\_\_\_ House food rules are simple if it isn't yours don't eat it. Put your name on your property when in storage. Food purchased for the whole house is available to everyone (no hording) you cannot take food acquired for the whole house and make it your personal property. **YOU DO NOT TAKE MEALS IN YOUR ROOM.** All meals are consumed in the dining area.
18. \_\_\_\_ I authorize the Eagles Nest leadership to confer with my CCO, employer, and/ or any other treatment provider(s).
19. \_\_\_\_ I agree not to hold Eagles Nest responsible for any injury occurring on or off properties owned, maintained, used, or leased by Eagles Nest.
20. \_\_\_\_ I understand no perishable food is allowed in sleeping areas. (Snacks must comply with sanitary living conditions.)
21. \_\_\_\_ I understand I must have prior approval for obtaining a TV, Video Games, and/or Computer.
23. \_\_\_\_ I understand when using the common restroom, I must clean up after myself. You can not leave your clothes towels washcloths or personal products in the bathroom. Items left with be thrown away.
24. \_\_\_\_ I understand \$250.00 is due upon acceptance Materials cost for this program. In Addition, the first month program fee due upon arrival into the program. (Total move in cost \$750.00) I understand fees may be increased in accordance with the cost of operations.



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25. \_\_\_\_\_ The Eagles Nest program is highly dependent upon the payment of program fees by the participant; any delays or non-payment of fees poses substantial burden upon the program. Therefore, after 1 months of non-payment I may be asked to relinquish my place in the program and residence to make room for a new participant.

26. \_\_\_\_\_ I understand if I choose to self-terminate that all program and material fees paid to date will be forfeited.

27. \_\_\_\_\_ No smoking/vaping or use of tabaco of any kind in the house. No brandishing tabaco product in the house, the designated smoking area outside is the only place any tabaco products can be used. Any tabaco products found in common spaces will be destroyed.

28. \_\_\_\_\_ I agree to abide by any additional stipulations as implemented by the ENH leadership

These guidelines have been read and/or explained to me. I have initialed each stipulation and have affixed my signature below. I understand that I am responsible for complying with these stipulations and any others that might be added while I am involved with the Eagles Nest Housing Program.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARTICIPANT: (Print Name) Date Program Entry Date

\_\_\_\_\_  
PARTICIPANT: (Sign Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ENH. STAFF: (Print Name) Date

\_\_\_\_\_  
ENH. STAFF: (Sign Name)



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## HOUSE RULES

Name: \_\_\_\_\_, Date: \_\_\_\_\_

NO DRUGS, ALCOHOL, WEAPONS, FIGHTING, STEALING or DISRUPTIVE BEHAVIOR. WE HAVE ZERO TOLERANCE Intl. \_\_\_\_\_

**Program Information** Intl. \_\_\_\_\_

- Program fee \$500
- The term of program / residency runs month-to-month with the program fee due by the **1<sup>st</sup> of each month and late after the 5th of each month.**
  - There is a **\$50 Per week late fee** for fee paid after the due date 10<sup>th</sup> day of each month, you will be asked to move unless we have made other arrangements with you.
- Rooms have at least two per room most large rooms have more.
- All residents share kitchen, bathrooms, and living rooms in each house.
- By signing the Application, it is mutually agreed that due the nature of this type of program and housing the Landlord-Tenant Laws do not apply. Intl. \_\_\_\_\_
- If on the State Voucher Program, it is your responsibility to make sure the payments are received, and you continue to be eligible, and notify us of a change in eligibility.

**MAILING ADDRESS 17421 state route 530 NE Arlington WA 98223:** If you move from the program and find another address you must put in a change of address all mail will be returned or disposed of that is received more than one week after you leave. Intl. \_\_\_\_\_

**Damages;** You will be held responsible for all cost involved in restoring any damages to the room/premises caused by you or your guest.

**BASIC HOUSE RULES:** Intl. \_\_\_\_\_

**All residents must abide by these house rules as well as any other listed in the application agreement or eviction will occur.**

- “Write-ups” will be issued for failure to follow household guidelines, policies, and standards outlined hereafter and or posted in the residence.
  - 3 minor write-ups will equal 1 major
  - 3 major write-ups will result in removal from the program
- In order to keep peace and assure there are no misunderstandings any changes or updates to household policies, guidelines and standards will be put in writing and each resident and staff member will sign it.





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- Each resident must sign a house rule agreement.
- Each resident agrees to a **30-day probationary period**, beginning on the first day of enrolment into the program.
- When called attendance at house meetings is required. These meetings are held to address current and potential situations important to all program residents and are mandatory when called.
- Residents are responsible for the cleanliness of their assigned rooms. All Residence are expected to act like adults and participate in house-cleaning activities in the common areas, both inside and outside of the house, all residents are expected to participate in this schedule and unscheduled.
- **No personal appliances allowed in rooms.**
  - Fans are okay, as long as they do not disturb your roommates
- (The JOEY RULE) There is no eating in rooms, apart from snack items (i.e. Chips, crackers, bottled water)
- All residents must check in and out with the Ministry team house leader if coming in late or have a sudden change in schedule
- Residents under DOC supervision must provide a valid copy of a DOC trip permit, required by DOC and sign-out with the resident manager for permission for overnight stays.
- All animals on the property are property of Eagles Nest Ministries and shall be treated correctly and kindly. Care will be the responsibility of the staff, but residents are encouraged to participate. Any miss treatment or removal of pets, animals, livestock or any other living animal from the property will be considered either an act of animal cruelty or theft and will be reported to law enforcement and will result in immediate eviction; no exceptions.
  - **No personal pets allowed!**
- The Ministry team leaders will reserve the right to open and investigate occupied rooms if there is any suspicion of drug, alcohol, smoking in the rooms, or nonresident in the room.
- Policy changes and updates will be posted in the residence as issues arise. Not all guidelines and policies are included with in this document.
- Rooms will be inspected for neatness and cleanliness weekly.

## **SECURITY AND SAFTY** Intl. \_\_\_\_\_

- No spare keys will be given to residents. A combination entry is available for those who are working after hours due to employment.
- Windows are to be closed and locked when you are not going to be home.
- You cannot go into anyone else's room without them being present and unless they have invited you in.
- Guests are not allowed to roam the property or in any other buildings on the property.
- All Garages, tool bins, trailers, and the basement are kept locked and permission for entry and use of tools must be and only be granted by RA or above in authority.
- Security Cameras are located around the property.
- DOC with our standing permission and without notice to residents will be bringing drug dogs into the house to perform searches.



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## **BEDROOMS** Intl. \_\_\_\_\_

- Bedrooms are designed to house multiple men
  - 1<sup>st</sup> floor two or three beds (4 to 6 men)
- - 2<sup>nd</sup> floor Four men per room max
- The only furniture allowed in the bedrooms is
  - Beds (one for each man)
  - Dressers (one for each man)
- You are expected to leave any vacant bed and dresser alone, so they are in a ready state for new residents.
- Hang nothing on the walls without **FIRST** getting permission.
- Snack Items are permitted in rooms but no perishable foods
  - Snack items for each room
    - Must be kept off the floors
    - Must fit into a 1'x1' area
- Weekly inspections will be performed; rooms are always expected to be kept clean and neat.
  - Laundry must be kept in laundry baskets
  - Floor vacuumed
  - Beds made
  - Other guidelines are posted in each room.

## **LAUNDRY** Intl. \_\_\_\_\_

- Laundry Room A is Monday B, Tuesday C, Wednesday D, Thursday E, Friday Saturday Management, Sunday RV residence.
  - If you must use the laundry on a off day coordinate with the room assigned to that day.
  - You are not permitted to leave your laundry. If you leave your cloths in the laundry, they will be considered abandon and given to charity or thrown away.
- Do not put laundry in the machines and then leave. If you can't finish it don't start it.
- Additional laundry rules will be posted in the laundry room when needed (depending on how many people are in the house)
- **You provide your own soap.**
- If leaving your soap in the laundry room put your name on it, do not use others without their permission.



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**QUIET HOURS** Intl. \_\_\_\_\_

- Quiet hours are in effect 9pm-6am Monday through Friday.
- Personal Stereos or music with headphones only, talking volumes must not be as loud as to disturb others.
- If others are still asleep when you are up be mindful of them.
- There is a curfew for all residence in the house of 10:00pm. Everyone is to be in each evening, unless pre-approved for meetings, work, and church/recovery related socials. You must provide proof of attendance.
- **ONE PERSONAL TELEVISIONS IN A ROOM. A TELEVISION WILL BE ALLOWED IN COMMON LIVING AREAS FOR THE HOUSE USE.** TV is on a first come first serve basis. However, if you are waiting to watch something please let others know. The TV in the common area do not come on until 4 pm during the week. Weekend is open. However, they are off by 11:30pm.

**FOOD** Intl. \_\_\_\_\_

- We will occasionally have a meal together. This will planned everyone has an opportunity to make a dish, join in cooking, and planning,
- All food is to be prepared and consumed in the kitchen and dining area.
  - Living room is permissible as well
  - **No eating in bedrooms (Joey Rule)**
    - Exceptions can be made for medical reasons ONLY
    - Snack items are permitted (see BDRM guidelines)

**Testing for Drug/Alcohol Use** Intl. \_\_\_\_\_

Because this is a drug and alcohol-free housing environment, residents must sign and agree to random alcohol/drug tests while residing at any of the Eagle Nest houses. The tests are processed program managers and if there is a dispute of the test results, an outside lab will perform an independent test of the sample. These house UAs are in addition to any DOC UAs. Failure of any drug test will result in you becoming financially responsible for the test.

**REMOVAL FROM PROGRAM WILL HAPPEN ONE STRIKE POLICY.**

**ANY DRUGS FOUND ON YOUR PERSON ON THE PROPERTY, INSUBORDANTCE, VIOLANCE, THREATS, INCOMPATABLE BEHAVIOR, THEFT, PUBLIC NUDITY, SEXUAL CONTACT.**



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## KITCHEN USE Intl. \_\_\_\_\_

- Kitchen and stove are on a first come first served basis.
- You are required to clean up and wash your dishes immediately after you are finished.
- All needed utensils & dishes are supplied by the house.
- The kitchen and common living space is closed at 11:30 PM

## CLEANLINESS Intl. \_\_\_\_\_

- You must clean up any mess you make. Guidelines for all rooms in the house will be posted and updated as necessary.
- Do not make a mess and expect someone else to clean up after you.
- This also goes for personal hygiene, toilets and shower
- Basic consideration and respect for yourself and others.

## TELEPHONE Intl. \_\_\_\_\_

- You are to be courteous when using your personal phone or mobile devise. **No incoming calls after 9pm**
- A house phone is available for business (i.e. Doctors' appointments, DOC, DSHS or Job search) **it is not available for personal calls**
- There will be NO phone use during Bibles Studies, Prayer, or church service nor men's meetings.
- Internet access is subject to DOC stipulations and payment.

## INCOMING MAIL Intl. \_\_\_\_\_

- The mail is taken in daily and placed in the kitchen or specified location.
  - Look to the basket with your room number on it. Do not leave your mail in the basket
- We do not allow friends or family to receive their mail here.
- It is your responsibility to put in a change of address when you move.
  - Until you do ALL mail will be disposed of at ministry team's discretion.
- We do not hold or forward your mail.
- All mail needs to be in care of Eagles nest housing.

## CHURCH SERVICE/HOUSE MEETING/ BIBLE STUDY Intl. \_\_\_\_\_

- Church attendance/Program meetings are mandatory to all program participants and residents.



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- There are no electronic devices allowed during any church service, bible study or prayer times
- House Bible Studies are required. Exceptions are made on a case by case bases due to employment and or health reasons. When not involved in one of the exceptions you are required to be in morning bible study.

## **HOUSE SUPPLIES** Intl. \_\_\_\_\_

- **The house supplies the following items:** light bulbs, sponges, trash bags, some bedding, and linens, cleaning supplies, toilet paper, and towels.
- **Participants are responsible for the following items:** Dish-soap, Laundry-Soap, shampoos, and body soaps. (ministry will assist in these areas until participants are able)
- **These lists will be amended as needed**
- If you are bringing your own bedding in you are expected to notify the Team leader and to mark your bedding (i.e. blankets, pillows and sheets) unmarked bedding will be kept in house

## **VISITORS** Intl. \_\_\_\_\_

- Visiting hours are from 8am-7pm on **Saturdays Only** at the residence.
- Visitors are allowed **in common areas** only, Not upstairs or bedrooms
- Visitors are subject to each house rule outside of Church, house meetings and Bible study, they are welcome to attend. Visitors are your responsibility.
- Entry to the property is only allowed at main driveway entrance.
- **No** overnight visitors allowed
- You may not leave your visitors in the house while you leave.
- If a visitor comes to the door for someone else and you answer the door, have them wait in the living room. Go find the person and tell them they have someone waiting for them.

**We want to make this a family atmosphere home where visitors such as parents and grandparents of the residents feel welcome and safe. Therefore, please ALWAYS behave in such a manner that parents and grandparents will not be offended.**

## **AUTOMOBILES** Intl. \_\_\_\_\_

- One vehicle per member is allowed
- **Vehicle must be registered, licensed and insured to house member**
- Any auto repairs must be performed in the auto area.
- No leaking or dumping fluids onto the ground



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- If your car is not running, it needs to be fixed within 1 week or it will be removed from the property.
- No outside storage of campers, trailers, vehicles allowed.
- Eagles Nest is not responsible for your vehicle due to acts of nature, or other residents.
- Parking for residents and guests will be in the front of the property.

## **SMOKING AND TOBACCO USE** Intl. \_\_\_\_\_

- Smoking/Vaping is NOT allowed inside the house.
- Chewing and the use of spit disposable container and are not allowed in the house
- No electronic cigarettes/Vaping in the house.
- Brandishing of tobacco products packs or smokes in open space in the house in not allowed
- No smoking/Vaping in Ministry Vehicles
- You must go outside to smoke
- Smoking is ONLY permitted in the area designated. NOT on decks in any other buildings or in the fields.
- Containers are provided for cigarette butts outside, please use them.
- If you hand roll your cigarettes you are required to clean up any droppings and to store the pouch or container in your personal space out of sight.
- There is NO rolling of tobacco products in the house for any reason.
  - Pouches and containers left around the house in common areas will be removed and disposed of.

## **PRESCRIPTION DRUGS**

- Must be kept in the bottle they were prescribed in
  - Any meds found not in a legal prescription bottle will be removed from your possession
  - Any meds that are found either ...
    - In another person's name
    - Or not matching the prescription label
  - .... Will be confiscated and will lead to disciplinary actions.
- No opioids or pain killers can be in any resident's possession while in the house.
  - These meds must be turned in upon entry into the house and will be administered by a staff member in accordance with the label.

## **Terms of Termination** Intl. \_\_\_\_\_

- **One-strike major rule violations, you will be moved.**
  - No sexual relations in the rooms house or on Eagle Nest property.



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- If you or your guest are under the influence or found in possession of any substance, prescription drugs not prescribed to you or your guest who is in possession of them, or drug paraphernalia is found on you or in your vehicle, this includes alcohol, your field Officer and the police will be notified IMMEDIATELY.
- Theft of or in possession of any items belonging to another resident
- Theft of or in possession of Eagles Nest property without authorization from person(s) in charge
- 48 hours no call no show
  - 24 hours and DOC will be notified (overnight visits are not permitted)
- Fighting.
- Threats of violence against any member of staff
- Weapons possession
- Taking something without permission from the person who owns it will be considered theft.
- If you are asked to leave for any reason, either the house Leader and/or a staff member will escort you from your room. There you will pack your belongings, turn in your keys (if applicable), and be escorted from the premises.
  - The House Leader will clean out your room and place personal property in bags for pick up. All food items will be disposed of appropriately We are not responsible for your property once it is picked up. Any property not picked up within 48hrs of immediate expulsion from this program., will be disposed of at our discretion.
- Any items left behind when the ability to remove them is present will be considered abandoned.
- **If you are expelled between the hours of 10pm and 6am, you will be given a ride to the Smokey Point bus terminal where it will be your responsibility to arrange transportation and shelter of yourself and any items you have with you.**
  - You must contact and have a staff member present when you come to pick up any items you may have left behind.
  - Entering the property after expulsion without permission from Pastors and a staff will be considered trespassing.
- After 48 hours, all items left behind will become property of Eagles Nest Housing and will be disposed of by Director or authorized staff persons as they see fit.
- There will be no refund for program fees
- There will be no reimbursement for food items purchased due to program requirements

The nature of this house is to provide Clean and Sober living while offering a Christian teaching foundation to change the lifestyle you previously were involved in. Immediate





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expulsion can take place without notice to any resident member, including any guest who is found to be in violation of the above-mentioned rules and guidelines.

## Visitation Guidelines

### Visitor(s) must meet the following standards

- **They must be a member of your direct family** (Mom, Dad, (step parent when accompanied with one biological parent) Sibling, Aunt, Uncle, Grandparent, Current wife and children (over 18)).
- **They must not be a part of the problem.** If we see that they cause emotional disruption with you they will not be allowed back.
- **They must not be under the influence** of any drug or alcohol.
- **They must leave us copy of their Drivers license and contact number on first visit.**
- **They must agree to pick you up at the Nest and drop you off at the Nest.**
- **They must agree to be visiting you personally.** Dropping you off at a friend's house or allowing you to wander the streets with friends is not allowed.

**Violation of any of these points will bar them from visitation.** Some restrictions may lift as time passes and we see a proof of character.

- No visitors allowed outside of the main visiting areas (Living room and Kitchen.) This means no going into the basement, upstairs or bedrooms.
- Visitors are allowed on Saturdays during 9 am to 7 pm unless other arrangements are made and approved 48 hours in advance.
  - No unannounced visits.
  - Family is allowed to assist with transportation to and from doctors, DOC and employment.
    - They must pick up and drop off.
    - They must meet all the above stipulations.
- Visitation will not be permitted to interfere with classes at the nest or with Sunday morning church services.
  - Family members can attend church service with us as long as it does not cause a disruption or attract attention away from the services.
  - Family time after services is permitted but they must agree to bring you to the Nest personally.
- No Persons under the age of 18 allowed outside of vehicles or inside the premises.





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- No personal pets can be brought to the property
- Visitors will be restricted to family. No old “partners in crime.”
- Guest vehicles are not permitted to the back of the property.
- Guests are not allowed to wander the property without an escort.
- Guests are not allowed inside any of the fenced livestock areas, barns or stalls.

Violation of these rules in most cases will be taken very seriously and could lead to disciplinary actions, even the removal of all visitation privileges.

If you ever return to the Nest under the influence of anything you will be given a UA and placed on blackout for 30days. Visitation with those parties will no longer be permitted.

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must have a Copy of ID's with current home and cell # need to be attached.



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*Client Informed Consent*

## Foundational Community Supports Client Release of HMIS Information and Informed Consent

This agency participates in the Foundational Community Supports (FCS) program, providing supportive housing services to eligible individuals. The purpose of this form is to authorize the one-time release of personal information, including information about your housing history, collected from HMIS to the FCS Third Party Administrator (TPA), Amerigroup Washington, Inc., for the purposes of confirming FCS program eligibility.

- We need to confirm your eligibility for this program. Specifically, we need information about your housing history from HMIS as part of verifying your Chronic Homelessness status. Your information will be stored in our database for 7 years. If you have questions about collection of data or your rights regarding your personally identifying information, contact Amerigroup at 1-844-451-2828.
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. As with any system, there is a risk of security breach but we believe it is small. If there is a security breach, someone might obtain and use your information inappropriately. If you ever suspect the data has been misused, immediately contact Amerigroup at 1-844-451-2828.
- Your decision to release this information to the TPA does not guarantee eligibility for FCS services, nor does your refusal guarantee that you will not receive FCS services from this agency.
- Signing this form only authorizes a one-time release of information for the purpose of confirming eligibility for FCS services. Any additional release of HMIS information to the TPA will require an additional signed release.

I understand the above statements and consent to the sharing of personal information in HMIS listed above with the TPA. I understand that my personal information will not be made public and will only be used with strict confidentiality.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Print clearly)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Agency Staff Name (Print clearly)

\_\_\_\_\_  
Initials

Client refused consent \_\_\_\_\_(Agency Staff Initials)

This form may not be amended except by approval of the Washington State Department of Commerce

Approved as to form by Sandra Adix, Assistant Attorney General, 12/20/2017

WAPEC-1533-18 July 2018



# Eagles Nest Housing

17421 State Route 530 NE Arlington WA 98223



**Amerigroup**

An Anthem Company

## *Foundational Community Supports Referral Form*

<b>Enrollee referral information</b>
Consider for enrollment in:
<input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment
Name:
Phone number:
Address:
Email:
ProviderOne number:
Eligible for both Medicare and Medicaid?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Self-referral</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Referring party</b>
If you're not a self-referral, please complete the following:
Name:
Agency name or relationship to the potential enrollee:
Address:
Phone number:
Email:

MF-WA-0047-18