



31 Sixth Street • PO Box 608
Malone, NY 12953
Voice 518-483-1689
Fax 518-481-5289

70 Edgewood Road
Saranac Lake, NY 12983
Voice 518-891-5535
Fax 518-891-5851

HOMELESS SHELTER HOUSING
82 Fort Covington St. Malone NY 12953
CONSENT FOR ADMISSION

DATE: _____

NAME: _____

DOB: _____

SEX OFFENDER STATUS: _____ (MUST BE COMPLETED)

Sex offender registry: www.criminaljustice.ny.gov

Name and phone number of person making Referral: _____

NAMES OF PEOPLE (incl. children) TO RESIDE IN APARTMENT/SHELTER: _____

I, _____ the client, am agreeing to the use of this Emergency Apt. I also understand that the use of this apartment is for the sole purpose of emergency housing, since I am homeless. The duration of my stay shall be from _____ to no more than 10 days without specific permission. I agree to treat the apartment with respect and to leave it in the same condition as when I arrived. I will be liable for any damages that I cause. I will not bring anyone else into the apartment, with exception of ONLY those on the list above. I also understand that no pets are allowed and there is "NO SMOKING" and "NO ALCOHOL" in the apartment. I agree to meet with service providers to participate to the best of my ability, in planning for more permanent housing. I must report to Social Services, the first business day after my placement. Inspection of the premises by Citizen Advocates Inc., staff may occur without prior notice; staff may enter dwelling if no one is home. In the event of an emergency, police and EMS may enter apartment.

I will be moving to: _____

Phone: _____

Emergency Contact Person: _____

Phone: _____

By my signature below, I am confirming that I understand this form and agree to all the terms and conditions as stated above.

Client Signature

Date

Staff Referral Signature

Date

(If DSS- must be signed by SSSI or Director)

Citizen Advocates Crisis Staff Signature

Date

*Fridge, stove and heat are part of the rental premises. Items such as paper towels, toilet tissue, soap, trash bags, dish detergent, light bulbs, and extra kitchen utensils are there for your use but extras are to remain in the apartment when you vacate it. The "key code" will be disarmed upon your planned departure from the Apartment.

Fax this form to: Melissa Rundall @ 518-481-5289

Notify the following Individuals of Homeless Apartment occupancy:

Melissa Rundall melissarundall@citizenadvocates.net

Janelle Reome Janelle.reome@dfa.state.ny.us

Richard Brown richardbrown@citizenadvocates.net

Stefan Schumacher stefanschumacher@citizenadvocates.net



STATEMENT OF RESIDENT RIGHTS AND RESPONSIBILITIES

Resident Rights:

- (1) A resident's civil rights shall not be infringed.
- (2) A resident's religious liberties shall not be infringed.
- (3) A resident shall have the right to have private, written and verbal communications.
- (4) A resident shall have the right to present grievances on his/her behalf, or the behalf of other residents, to Citizen Advocates, Inc. staff members or anyone else without fear of reprisal.
- (5) A resident shall have the right to join with other residents or individuals to work for improvements in resident care.
- (6) A resident shall have the right to manage his or her own financial affairs.
- (7) A resident shall have the right to privacy in caring for personal needs.
- (8) A resident shall have the right to confidential treatment of personal, social, financial and medical records.
- (9) A resident shall have the right to receive courteous, fair and respectful care and treatment.
- (10) A resident shall not be restrained nor locked in a room at any time.
- (11) A resident shall have the right to receive and to send mail or any other correspondence without interception or interference.
- (12) A resident shall be permitted to leave and return to the facility and grounds at any time.
- (13) A resident shall not be obliged to perform work by coercion or threat.
- (14) A resident shall not be permitted, or obliged, to provide Citizen Advocates, Inc. or any agent of Citizen Advocates, Inc. any gratuity in any form for services provided or arranged for in accord with law or regulation.
- (15) A resident must have the right to have his or her version of the events leading to an accident or incident in which he/she is involved included on all accident or incident reports.

Resident Responsibilities:

- (1) A resident shall not remain in Citizen Advocates, Inc.'s emergency housing for more than 10 days without specific permission.
- (2) A resident shall leave Citizen Advocates, Inc.'s emergency housing in the same condition as when he/she arrived.
- (3) A resident shall be liable for any damages caused by the resident or any guests of the resident.
- (4) A resident shall not allow any other individual to stay in the apartment other than those listed on the signed Consent for Admission.
- (5) A resident shall keep no domestic or other animals, except as required by applicable federal or state law.
- (6) A resident shall not engage in smoking or drinking alcohol in the emergency housing or on the grounds.
- (7) A resident shall meet with service providers to participate to the best of his/her ability in planning for more permanent housing.
- (8) A resident shall report to Social Services on the first business day after any placement in the emergency housing.
- (9) A resident shall respect the personal rights and private property to other residents and/or tenants in the emergency housing building.

Signing below attests that I have read or have had the above read to me, understand, and agree to the statement of my rights and responsibilities as a temporary resident in Citizen Advocates, Inc.'s emergency housing.

Resident Signature

Date