

## **The Road Home Dane County Shelter Expectations and Guidelines**

The Road Home is a non-profit agency providing temporary shelter for homeless families. The purpose of our program is to assist families in obtaining stable housing and connect them to resources. For this reason, and for the comfort and safety of our residents, volunteers and staff the following guidelines have been established.

1. IHN Shelter/Day Center residents are expected to seek housing, employment, and/or financial assistance on a daily basis while staying in the shelter. Residents are also expected to attend scheduled appointments, such as but not limited to doctor appointments, W-2 appointments, and meetings with school personnel. Residents will check in daily with the case manager, Monday through Friday as well as attend weekly case management meetings.
2. Parents are responsible for caring for and supervising their children at all times. Minors may not be left alone at the Day Center or host facilities at any time, but may be left with another adult guest, provided a babysitting contract has been signed. No physical punishment is allowed (this includes, but is not limited to, spanking, hitting, slapping, verbal threats, and shaking). Abuse or neglect of children will be reported to DCHS as required by law.
3. The Road Home staff, volunteers and residents will be treated with respect and courtesy. Personal attacks, foul language, stealing and fighting will not be tolerated. Violence or threat of violence is grounds for immediate termination from The Road Home.
4. For the safety of all shelter residents, The Road Home staff and volunteers, no weapons or items that may be used as weapons are permitted at the day center or host sites. The Road Home staff may perform inspections of Shelter residents' personal items if possession of a weapon is suspected.
5. Possession or use of alcohol or other drugs is prohibited. The Road Home professional staff may perform inspections of shelter residents' personal items if possession of alcohol or drugs is suspected. Further shelter use will be determined by the Executive Director.
6. Medicine bags will be provided by The Road Home for any medications in order to keep them out of reach of children.
7. For the confidentiality of shelter residents, visitors are not permitted inside at the day center or host sites. Visitors may pick up or drop off residents outside of the day center. You must wait downstairs or outside when expecting a ride.
8. Smoking is allowed only in the defined area outside The Road Home (in the main parking lot at the picnic table) and in defined smoking areas outside of other network buildings. Please ensure all butts and smoking materials are discarded of in the provided receptacles. Please do not prop any exterior door open.

9. Adults are responsible for cleaning the Day Center and the areas used at the host sites. Parents are expected to clean up after themselves and their children, tend to spills immediately (especially illness and toileting accidents) and assist with cleaning the Day Center before departing each day. Ask The Road Home staff for the needed cleaning supplies. Families may use the refrigerator both at the Day Center and at the congregation, but must put their names on the food they place in the refrigerator. Families will clean out the Day Center refrigerator weekly. Unlabeled food and spoiled food, labeled or not, will be discarded. **Residents may not eat or drink outside of the kitchen and dining room areas at any of The Road Home congregations.**
10. Everyone must wear a seat belt when riding in the van. The van will not move until all riders are wearing a seat belt. Families are responsible for keeping the van clean. This means that families can't eat or drink in the van and need to be picking up after themselves daily.
11. Residents are expected to be present and on time at the host site by 6 PM each night for dinner, evening activities and overnight shelter unless excused by staff. Evening passes must be requested with at least 24 hours notice, unless there is an emergency. Weekend overnight passes must be requested by 4:30 PM on the Thursday prior. Residents must be ready to leave the congregation and the Day Center when the van arrives at the scheduled times. The van leaves the day center at 5 PM every day, and departs the congregations in the morning by 7 AM Sunday-Friday. On Saturdays, the van will arrive by 9 AM to transport families.
12. All televisions, radios, and other noise-producing electronic devices must be used at a low volume throughout the evening. Residents are expected to be in their rooms at the overnight site by 10:00pm.
13. The Road Home and the host sites are not responsible for damaged, lost or stolen items. Each family is asked to limit their belongings to 3 bags per person in the family unit, and an additional 3 bags for the family as a whole. All bags need to be labeled with the head of household's first name.
14. Shelter residents have a right to Notification and Informed Consent. The professional conduct of each agent who is a social worker is regulated by Wisconsin Statutes and Administrative Code. Chapter SFC 20(10) of the Wisconsin Administrative Code prohibits a social worker from revealing information received from a client in the social worker's professional capacity except in certain situations. One situation is where the social worker notifies the client of the social worker's use and distribution of the information prior to the time the information is elicited from the client. A second situation is where the client gives the social worker informed consent to reveal such information. Each agent who is a social worker hereby gives to program participants notification that The Road Home and its agents may find it necessary or appropriate to disclose to law enforcement officials or emergency medical personnel, information received from or about resident or resident's children. Resident hereby gives informed consent for landlord and each such agent to so disclose information.

**Consequences:** Failure to follow program rules may result in termination from The Road Home. Violence, threats, substance use, child abandonment and other serious offenses could result in immediate termination. Other offenses will result in a written warning, and three such warnings will result in termination. All consequences are determined by the Executive Director.

**Extensions:** Residents who are following the rules, complying with case management, and making clear progress towards housing may request a 30-day extension. Shelter residents may be granted extensions for a total shelter stay of up to 90-days. Extensions are granted by the Executive Director.

**Road Home Grievance Procedure:**

If a resident has a concern with The Road Home staff or volunteer, the following grievance procedure should be used:

1. If comfortable, discuss the concern with your Case Manager.
2. If you are unable to discuss the concern with your Case Manager, or are unable to come to a resolution, put your concern in writing to The Road Home Program Director. The Program Director will discuss it with you and with the staff member involved.
3. If your concern is not resolved to your satisfaction, or if you have a concern about the Program Director, put your concern in writing to The Road Home Executive Director. The Executive Director will discuss it with you and the staff member involved.
4. If your concern is not resolved to your satisfaction, or if you have a concern about the Executive Director, you may put your concern in writing to the chair of The Road Home program committee. Any staff member will forward the letter to the chair of The Road Home program committee. The program committee will make a final decision about how the matter will be resolved.

I understand The Road Home guidelines and policies and agree to abide by them for the duration of my involvement in the program.

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Resident Signature Date

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Resident Signature Date

# Institute for Community Alliances WI Service Point

## Client Informed Consent and Release of Information

### PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency \_\_\_\_\_ participates in Wisconsin Service Point (WISP). Agencies that participate in the Wisconsin Service Point System belong to an internet-based network. This network is administered by the Institute for Community Alliances.

### BENEFITS TO DATA SHARING FOR THE CONSUMER

Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

\*Wisconsin ServicePoint ensures the security of its system. Please see below for detailed information on security measures.\*

Because this network is made up of many service providers in Wisconsin, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in Wisconsin Service Point will be shared, with your written consent, in the network. Wisconsin Service Point includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the State of Wisconsin or the Federal Government. Information collected is housed in a secure server located at Bowman Systems, LLC. in Shreveport, Louisiana. Limited Bowman Systems staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

*The list of agencies participating in the network can be accessed at [www.icalliances.org](http://www.icalliances.org). This list may change.*

**Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.**

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.

# Institute for Community Alliances WI Service Point

## Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status
- Housing/Program Specific: Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence

## Please indicate your choice regarding data sharing:

### Option 1:

- By initialing here I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network.

Verbal Consent

### Option 2:

- By initialing here, I agree to limit sharing of my and my child/children's above specified information and coordination of services to this agency and the agencies listed below:

_____	_____
_____	_____
_____	_____
_____	_____

Verbal Consent

### Option 3:

- By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies.

Verbal Consent

I understand that signing below relates only to data sharing within the WI Service Point and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Verbal Consent obtained by phone (Agency Staff Initials): \_\_\_\_\_ Date: \_\_\_\_\_