

Stoll House Policies and Procedures

Updated 2010

RECEIPT OF COPY PROGRAM RULES, POLICY AND PROCEDURE BINDER.



I have read and received a copy of the Stoll House Program Rules.

I have had the opportunity to ask questions about the rules and have had all of my questions answered.

I agree to fully participant and abide by the rules.

I understand that the Stoll House program requires that I provide documentation of my income, activities and seek out services to meet my specific needs as set forth in my Individual Service Plan.

I understand that it is my responsibility to actively participate in seeking out applying for permanent housing and failure to do so may risk my housing stability at Stoll House.

I fully understand that on achievement of my Program Certification that although I may choose to update my Many Mansion's Waitlist Intake form, that there is NO guarantee or expectation that Many Mansions will provide permanent housing for my family at Program Completion.

I understand that changes may be made to the rules, and upon request, I agree to surrender my old copy of rules and have it replaced with an updated copy.

I understand that failure to comply with the Stoll House program rules may lead to the prevention and corrective measures that may result in the loss of opportunity to participant and live at Stoll House.

Stoll House Participant Signature

Date

CC: Program File



RELEASE OF INFORMATION

I the undersigned, do hereby give Stoll Community House, its representatives and agents, permission to obtain and release information from the following agencies and/or individuals concerning my circumstances, and to discuss my situation with these agencies and /or individuals.

Dept. of Public Social Service
Schools
Substance Abuse Programs
Hospital Personnel
Dept. of Mental Health
Social Service Agencies
Landlords/Housing Manager
Other_____

Child Protective Services
Police/Parole Officer
Employers
Doctors, Nurses, Social Workers
Area Housing Authority/HUD
Religious Organizations
Intake Referrals

I give Stoll Community House, it's employees and/or agents, the authorization to verify any and all information that I have provided.

I understand that rejection of my application, discharge from Stoll Community House Program and/or termination of tenancy may result from any misrepresentation made on any application, form, or document.

Applicant Signature

Date

Stoll House Disability Related Policies.

It is Many Mansions' goal that everyone be able to complete the Stoll House Transitional Program. In a situation where a client is unable to comply with program rules because of an actual or perceived disability and where the client makes a request for accommodation (see below), the Case Manager will make effort to provide 'reasonable accommodations' to the client. For Example, in some cases the Case Manager may be able to suggest and implement an alternative program, such as temporarily relocating the person to an appropriate treatment center or hospital.

The client must first complete a "Request for Accommodation" which the Case Manager may assist the client in completing. The request must be accompanied by a "Verification of Disability Status for Use when Requesting a Reasonable Accommodation". Should the client's "Request for Accommodation" not be accompanied by the requisite verification, or for other documented reasons, the request will be denied. The resident is advised to follow the "Program Grievance Procedure" if their Request is denied. All residents are given copies of the "Program Grievance Procedure" on admission to the program and are encouraged to follow the procedure.



A Non-Profit, Affordable Housing & Service Provider

1459 E. Thousand Oaks Blvd., Suite D * Thousand Oaks CA 91362

PHONE (805) 496-4948

FAX (805) 497-1305

CASE MANAGEMENT REQUEST FOR *REASONABLE ACCOMODATION* DUE TO DISABILITY

Resident Name: _____ Phone: _____

Address: _____

Instructions: Use a separate request form for each accommodation desired.
Feel free to attach any documentation you think is relevant and necessary.
Submit the completed form with attachments to your Case Manager.

Please provide the following information to assist us in understanding the basis and nature of your request for an accommodation.

Describe the Accommodation you are requesting:

Describe the limitations that you are currently experiencing due to your disability:

Describe how you believe this accommodation will help with one or more symptoms of your disability:

Contact Information for Certifying Health Care Professional:

Name: _____ **Title:** _____

Phone: () _____ **Fax:** () _____

By signing below, I CERTIFY that the information provided on this request is true and accurate to the best of my knowledge, I UNDERSTAND that providing false or incomplete representations will result in the denial of this request and I AUTHORIZE RELEASE OF INFORMATION by Health Care Professional pursuant to verifying disability status and/or pertinent conditions and limitations.

Amended September 2010





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Signature _____ Date _____

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PHONE (805) 496-4948

FAX (805) 497-1305

***** **STAFF USE ONLY BELOW** *****

Date Received: _____ Manner Received: Written -OR- Verbal

Verification of Disabled Status is: Attached -OR- On File

Initial Review (Case Manager): Approved -OR- Denied

Case Management Signature

Date

If Approved, note any Special Instruction(s) and/or Restriction(s):

If Denied, note reason(s):

Unable to Verify Disability.

No connection or nexus between the impairment and the accommodation.

Fundamental change to the nature of the program

Other: _____

If any Alternative Option(s) are suggested, specify detail(s) and/or term(s):

1. _____

2. _____

Final Review (Division Director): Approved -OR- Denied Initial _____

cc: Resident File, _____, _____

Amended September 2010



Stoll House Transitional Living Program!

You have chosen to move into a supportive housing program designed to provide supportive services to homeless families affording them the opportunity to develop skills, utilize community resources to increase self-sufficiency and move into permanent housing.

The purpose of this handbook is to acquaint you with the Stoll House program, guidelines, milestones, expectations, and responsibilities. This handbook is subject to review and periodic changes. Upon request, you must turn in your handbook to receive a new updated one.

Who's Who?

The Functions of onsite program staff and their departments

The Case Manager works with you on a weekly basis to serve your best interest throughout your stay. The case manager serves as your contact with the program and is in the best position to help you meet your supportive service needs. The case managers' focus is to work with you as partners and monitor program requirements for supportive housing programs and Services. **Meetings with your Case Manager are mandatory.**

The Resident Manager serves the needs of the residents in the department of Housing Management. They will uphold all lease and house rules as well as the daily needs on the property.

The Careers and Skills Coordinator works with you and your children to assist in all Education, Career and Workshop needs in expanding resources, self-sufficiency and job development in order to attain and retain permanent Housing. You will be required to meet with this person twice a month. The coordinator will also be responsible for on site Homework Literacy, Monday through Thursdays.

Stoll House staff operate on shared goals and objectives that support you in your successful move toward family stability, self-sufficiency, and permanent housing. However, no staff supervises the other and each represents a different department within the Many Mansions Organization.

GUIDING PRINCIPALS

The work of Stoll House staff and participants is guided by the following principles:

1. Diversity is valued, individual differences are supported, respected and developed to encourage both independence and interdependence;
2. Opportunities are provided for equal access to valued outcomes, self-determination, meaningful involvement and respected roles;
3. Concern for the conditions and underlying causes resulting in a persons' struggle with the homelessness
4. Mindful of the difficulties involved, we all decided to undertake our work;
5. Community capacity exists to sustain and build upon our achievements;
6. Participants want to change their situation and are willing to work toward accomplishing that;
7. Staff wants to help participants succeed and work toward accomplishing that;
8. Comprehensive service delivery in our community can assist and respond to a broad scope of individual needs;
9. Continual assessment of staff, program and participants ensures the Stoll House program relevance and community responsiveness;
10. Careful hiring, training, and supervision of staff as leaders and agents of Stoll Houses mission;
11. Commitment to participant and staff empowerment promotes initiative, respect, and discipline;
12. Active inclusion and participation in our community leads to engagement with the integration of Stoll House participants;
13. Commitment to collaboration and partnerships to reward work investment is a benefit to our community;
14. Keeping our mind open to actively learn from all who cross our path facilitates growth, change, and success.

QUARTERLY PROGRAM MILESTONES

1ST Quarter

- Establish regular time and day meetings with Case Manager and Services Coordinator
- Develop 1st quarter Individual Service Plan (ISP),
- Develop budget,
- Open savings deposit, and make first two deposits (giving copy of receipts to CM)
- Enroll children in school
- Apply for 3 permanent housing sites, including but not limited to: Area Housing Authority- Section 8, Many Mansions General Waitlist.
- Establish relationships with medical resources for the family
- Present proof of Employment, Schooling or other appropriate agencies such as Department of Rehabilitation, Community Volunteering or Ventura County Behavioral Health.
- Prepare or Update a resume for employment

2nd Quarter

- Apply for 6 Permanent Housing sites,
- Review 1st Quarter ISP and Develop 2nd Quarter ISP
- Continue monthly deposits into Savings Account.
- Continue Monthly budgets
- Write a two page Personal Summary of their progress at Stoll House

3rd Quarter

- Continue monthly deposits into Savings Account.
- Continue Monthly budgets
- Begin to develop transitional budget for move to Permanent Housing from Stoll House.
- Review 2nd Quarter ISP and Develop 3rd Quarter ISP
- Applied for 9 permanent Housing Sites
- **10th Month Review** preparation

4th Quarter

- Continue monthly deposits into Savings Account.
- Continue Monthly budgets
- Present transitional budget for move to Permanent Housing from Stoll House; before the **10th Month Review**.
- Review 3rd Quarter ISP and Develop 4th Quarter ISP
- Applied for 12 permanent Housing Sites
- **Program Completion Certificate and 10th Month Review**

- Submit plan of action for move out, complete Exit Evaluation, with Case Manager.
- Request Savings Payout once move confirmed.

RIGHTS

You have a right to:

- 1) Be treated fairly and equally with dignity and respect, regardless of your race, color, religion, national origin, gender, sexual orientation, age, disability, cultural or political beliefs.
- 2) Confidentiality of your case record and file.
- 3) Participate in the development and implementation of your Individual Service Plan.
- 4) Participate in the automatic discharge planning process.
- 5) Attend all case management meetings and conferences concerning you and you may invite additional participants.
- 6) File a grievance under the procedures outlines by specific department policies.
- 7) Request information and resources for your specific needs.
- 8) Respond in writing to any reports filed about you and your family.

RESPONSIBILITY

You have a responsibility to:

- 1) Comply with all rules.
- 2) Participate in the development and implementation of your Individual Service plan.
- 3) Pay your rent on time every month using your income without assistance from other people or agencies, unless discussed and agreed with the Case Manager.
- 4) Abstain from using drugs and alcohol.
- 5) Seek out and accept permanent housing.
- 6) Supervise and nurture the healthy development of your children.
- 7) Seek out and participate in gainful activity; including employment or schooling or Community Volunteering.
- 8) Save at least 10% of your gross monthly income for move-out expenses.
- 9) Provide full time education, supportive learning, age appropriate social interventions and advocacy to your children.

POLICY FOR TERMS OF STAY AND COMPLETION

Stoll House is a 12-month program.

However, you may complete or discontinue the program before the 12-months. If a participant completes the Stoll House program prior to their 10th month, and completed the Quarterly Program Milestones, and the Transitional Budget; they may request a Certificate of Completion from the Case Manager.

Procedures for discharging a participant occur naturally beginning in the 10th month. At that time, participants receive a Certificate of Program Completion.

Participants receiving the Certificate of Program Completion, and wishing to be considered for extension to their participation in Stoll House must follow the Program Extensions Policy.

Those Participants completing their 24 months DO NOT have the option to extend any further and will follow the Program Completion Policy.

Participants that work on successfully achieving program milestones can expect to receive priority on the waitlist for Many Mansions permanent housing opportunities. Participants are to be made aware that the Waitlist is dependant upon occupancy levels and that there may not be a vacancy in the timeframe that they are being held too.

Many Mansions housing as with all housing is dependant upon various rules and regulations which include the ability of clients to pay rent as well as clear the regulatory requirements including background checks.

Stoll House must follow federal funding regulations. Our program is designed for a length of stay longer than the average six to nine month transitional living programs in California. We make every effort to provide participants with the opportunity to live comfortably with ample community and supportive services in a reasonably unrestricted program. **Participants should act responsibly, use care and plan to move out by their 12th month.**

TRANSITIONAL HOUSING

Lighthouse Women and Children's Mission- 240-1644
RAIN Transitional Living Center Camarillo- 987-6712
Appleton House and Wooley House Simi Valley (Turning Point)- 652-0596
Sally's Place Oxnard (Salvation Army)- 483-9235
Operation Work- 486-0473
Transition House (Project Understanding)- 652-1326
Transitional Living Center Ventura (Salvation Army)- 648-4977
Interface Transitional Living Program (Youth)- 485-6114

EMERGENCY SHELTERS

Ojai Valley Family Shelter- 640-3320
Cold Weather Shelter (St. Vincent De Paul)- 213-229-9963
Emergency Shelter Program (Ventura County Behavioral Health)- 289-1709
Our Place Shelter (Turning Point)- 652-2151
Men's Rescue Mission Shelter- 487-1234
PADS Public Action Delivering Shelter Simi Valley- 579-9166
Conejo Valley Winter Shelter- 497-6207

RESIDENTIAL RECOVERY PROGRAMS

Casa Latina- 988-1560
Khepera House- 648-4783
Miracle Recovery- 648-4783
Prototypes Women's Center- 382-6296
Rainbow Recovery- 487-4663
Rescue Mission Recovery Home- 487-1234

COMMUNITY RESOURCES

Conejo Free Clinic
80 E. Hillcrest Dr. #102
Thousand Oaks, CA 91362
9 to 1 on Mondays walk in homeless emergency

Conejo Valley Family Care
223 E. Thousand Oaks Blvd. Ste. 102
Thousand Oaks, CA 91360
(805) 371-8355

Interface Children Family Services
1305 Del Norte Road, Suite 130
Camarillo, CA 93010-8366
800-339-9597
www.icfs.org best resource site

Ventura County Bluebook
www.211ventura.org

Conejo Valley Unified School District
1400 East Janss Road
Thousand Oaks, CA 91362-2133
Phone: (805) 497-9511
www.conejo.k12.ca.us

Westlake Village Library
31200 Oaks Crest Dr. (X Agora Rd.)
Westlake Village, CA 91361
(818) 865-9230
Sunday & Monday: Closed
Tuesday & Wednesday: 10 to 8 PM
Thursday & Friday: 10 AM to 5 PM

Thousand Oaks Library
1401 E. Janss Road (X from CVUSD)
Thousand Oaks, CA 91362
(805) 449-2660
Sunday: 1 PM to 5 PM
Monday – Thursday: 10 AM to 9 PM
Friday: 10 AM to 6 PM
Saturday: 10 AM to 5 PM

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Latchkey Children Information
www.vachss.com/help_text/latchkey_kids.html

Southeast Ventura County YMCA
3609 E Thousand Oaks Blvd
Westlake Village, CA 91362

City of Thousand Oaks
City Hall at the Civic Arts Plaza
2100 E. Thousand Oaks Blvd
Thousand Oaks, CA 91362
www.ci.thousand-oaks.ca.us/default.asp

Child Development Resources
221 Ventura Boulevard
Oxnard, CA 93030
(805) 485-7878
www.cdofvtaco.org

Catholic Charities
609 Fitch Avenue
Moorpark, CA 3021-2061
805-529-0720
Human Services Agency – Welfare Programs
2003 Royal Avenue
Simi Valley, CA
(805) 584-4842

Cal Works Program
www.dss.cahwnet.gov/cdssweb/California_169.htm

Food Stamp Program
www.dss.cahwnet.gov/foodstamps

Medi-Cal
www.medi-cal.ca.gov

Denti-Cal – Dental
800-423-0507

Healthy Families Dental
800-838-4337
Other low fee for service Dental
www.deltadentalca.org/dentist/programs.html

Social Security Administration
www.ssa.gov

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Many Mansions Organization

Mission Statement

Endeavor to promote and provide safe, well-managed housing with on-site, life-enriching services for limited income residents of the Conejo Valley, Ventura County, and their surrounding communities.

Many Mansions is a nonprofit developer of affordable housing and organized into eight departments. Every department plays an integral role to Stoll House:

- Administration- The Executive Director oversees and is accountable for organizational stability, progress, and management. Processes appeals.
- Finance and Accounting – Provides centralized financial, accounting systems services to the organizations. Oversees Stoll House participant savings.
- Resource Development - Searches out and applies for funding for Stoll House. Promotes the program for public relations, community building and advocacy.
- Housing Development – Identified the property for purchase. Planned, designed and built the property from ground up.
- Housing Management – Provides onsite resident manager to lease up, and monitor for the overall health, safety and wellbeing of participants.
- Services – Offers various programs not limited too: HTC, summer camp, food share, Case Management, Holiday Gift Programs and general information and support.
- Maintenance – Provides daily routine maintenance on the property and responds to participants need for unit repairs.

Many Mansions Properties

SHADOW HILLS – 1993
227 E. Wilbur Road
Thousand Oaks, CA 91360
(101 Units)

VILLA GARCIA – 2000
1419 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362
(80 Units)

ESSEFF VILLAGE – 2001
1423 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362
(51 SRO units for disabled)

CASA DE PAZ – 2002
1010 Ashland Avenue
Simi Valley, CA 93065
(14 units for disabled)

BELLA VISTA
2011 Los Feliz Drive
Thousand Oaks, CA 91360
(75 Units)

SCHILLO GARDENS – 1988
2825 Los Robles Road
Thousand Oaks, CA 91362
(29 Units)

HACIENDA DE FELIZ – 2005
2096 Los Feliz Drive
Thousand Oaks, CA 91362
(25 Units)

STOLL HOUSE – 1998
3155 Los Robles Road
Thousand Oaks, CA 91362
(10 units for homeless-transition)

RICHMOND TERRACE – 2004
760 Warwick Avenue
Thousand Oaks, CA 91360
(27 units – mixed use)

LA RAHADA
1036-1050 Ashland Ave
Simi Valley, Ca 93065

Stoll House

Project Type:

10 private units consisting of 3 one bedrooms, 6 two bedrooms, and 1 four bedroom units in two adjacent buildings in a gated community.

Participant Type:

Homeless single parent families with children experiencing a range of special needs including disability, mental illness, incarcerations, substance abuse, family breakdown, financial trouble and domestic violence.

Rent Structure:

30% participants income with first month free rent.

Key Feature:

Stoll House is the only Transitional Housing Program in Conejo Valley

Key Services:

On site case management and Skills & Career Coordinator

Grant or Funding Required Attendance

The Stoll House Transitional Program is funded through many sources and each of these sources have varying accountabilities that both Clients and Many Mansions have to comply with in order to continue receiving the funding.

In this we need the support of the residents in order to comply with program and the needs of the funding sources.

At present there are mandatory meetings that the Client must attend:

Weekly with the Case Manager

Bi monthly Career and Life skills meetings

Children attend the After School Literacy Program

Other areas of completion are as follows:

A Career Portfolio where all internet and other career and job development areas are documented in personal files, including computer competency programs, research and presentation skills.

These requirements may change as funding changes and others added.

We greatly appreciate the support and hard work of the residents in helping us to maintain the funds for the program not only for their personal benefit but also for those that will come after them.

Thank you very much

PROGRAM RULES

Working with the Case Manager

Participants agree to meet with the Case Manager on a weekly basis.

Participants agree to undergo an initial assessment of their life circumstances that have led them to needing the assistance of Stoll House Transitional Living. This will lead to an Individual Service Plan and Goals which are updated quarterly.

Participants agree to develop an Individual Service Plan to meet personal objectives that parallel program goals.

Participants agree to the quarterly reassessment of their Individual Service Plan to evaluate progress and work toward long-term objectives.

Participants must inform and provide documentation to the Case Manager of any changes in income, schedule, programs and activities outside of the Stoll House program. This includes changes in work, school, family composition, medical conditions and any issues affecting residents Individual Service Plan and/or any functions/purpose requiring a change or accommodations from the Stoll House program and/or the Lease Agreement.

Participants must attend mandatory meetings. Meetings include classes, workshops, seminars, court ordered and voluntary NA/AA as set forth in the Individual Service Plan.

Participants must obtain and keep verifiable full-time employment, job training program or school within thirty (30) days of admittance to program. Unless there is a documented designated disability that prevent them from achieving this.

Participants agree to actively seek and obtain permanent housing. Participants are required to apply for at least 12 low income housing programs by the 12th month.

Budget and Savings Plan

Participants must develop monthly budgets supported by proof of income.

Participants are encouraged open and maintain a checking account.

Participants must deposit 5-10% gross monthly income into Stoll House Tennant Savings at Santa Barbara Bank and Trust: Account #10578185

Participants must also provide a budget at the 10 month participation point, showing their financial transition from Stoll House to permanent housing.

Budget and Savings Plan Procedures

DEAR STOLL HOUSE PARTICIPANT,

PLEASE MAKE A DEPOSIT AND PROVIDE YOUR SAVINGS DEPOSIT SLIP.

ALL RESIDENTS ARE REQUIRED TO SAVE **AT LEAST** 10% OF THEIR MONTHLY INCOME.

- 1) Residents must participate in a Budget and Savings Plan as arranged with the Case Manager.
 - Maintain a checking account
 - 5-10% minimum gross monthly income deposited into Stoll House Savings at:
Santa Barbara Bank and Trust Account # 10578185
- 2) Residents are not allowed to purchase any form of property exceeding \$200.00 without prior approval of the Case Manager.

DEPOSITS ARE DUE BY THE 10TH DAY OF EACH MONTH.

PLEASE MAKE YOUR SAVINGS DEPOSIT AND FILL OUT LAST MONTHS BUDGET ASAP.

THANK YOU,

STOLL HOUSE PROGRAM MANAGEMENT

Budget and Savings Plan

Residents are required to participate in a Budget and Savings Plan.

An assessment of the residents' financial history, status, and goals is outlined. Residents will attempt to open a personal checking account. If a resident is declined a personal checking account as a result of past discrepancies, a goal will be initiated to correct any errors and/or a date will be documented in the resident's narrative report stating the clearance for any discrepancies and future eligibility for bank checking services. Financial assessments may apply to residents' credit, debts, court collections, and bankruptcies as deemed appropriate in conjunction with their Individual Service Plan.

On a monthly basis, residents will complete a standard household monthly budget form and deposit a minimum of 5-10% gross monthly income into the Stoll House Savings Account by the 10th day of every month.

The Stoll House Savings Account is located at:

**Santa Barbara Bank & Trust
33 West Thousand Oaks Blvd.
Thousand Oaks, CA 91362**

Account Number: 10578185

Controller of Account: Cailan Lu, Director of Finance Department, Many Mansions.

Procedure for savings deposit: Residents are responsible and held accountable for depositing 10-20% of their gross monthly income into the Stoll House Savings Account. *(The bank address and account number is located on the Stoll House Monthly Budget Form)*. Residents will make direct deposits using cash, check, or money order. Residents are responsible for holding on to their deposit receipt and must turn it in to the case manager to document their monthly savings. A Resident savings ledger is maintained in the resident's file. Every deposit receipt is logged, accompanied by signatory of both the resident and case manager. The case manager will retain the residents' original bank deposit receipt, and a copy is to be turned in to the Director of Finance, Many Mansions by the first week of every month.

The Stoll House Savings Account is not a resident checking account and savings may not be withdrawn. The documented savings will be refunded after the resident moves from Stoll House.

Procedure for savings refund: When the resident moves from Stoll House, they are required to make a request of refund that is verifiable and corresponds with the proof of deposit receipts and savings ledger in their case management file. The resident must fill out a payment request form that is submitted for approval by the Executive Director of Stoll House, Many Mansions. The savings refund may be picked up from Many Mansions Finance Department, or mailed which ever the former resident of Stoll House prefers.

"Savings Plan Plus"
"RESIDENTS SAVINGS" VERSUS "SAVINGS PLAN PLUS"

Your Resident Savings is dependent on your responsibility to make your monthly deposit by the 10th of every month and then turn-in your deposit slip to the Case Manager.

Under the Savings Plan Plus, you are not required to do anything. You pay your rent as usual and 10% of the rent is automatically deposited into the Savings Plan Plus account.

HOW DO I GET MY SAVINGS OUT?

To withdraw from your Resident Savings, you submit your payout request to the Case manager who forwards it to the Director of Supportive Services for processing by Many Mansions' Finance Department. Once approved, a check is mailed, or available for pick up.

The Savings Plan Plus is a federally mandated account; therefore, the savings apply directly to permanent housing.

To withdraw from the Savings Plan Plus, you must provide proof of permanent housing within one year of your leaving Stoll House. Documentation of permanent housing is required such as a signed years lease agreement.

Many Mansions is pleased to be able to offer you this additional assistance toward your transition to permanent housing.

If you have any questions, please speak to your Case Manager.

Drugs and Alcohol

Participants are subject to random drug and alcohol testing.

Stoll House maintains a ZERO TOLERANCE policy with drug and alcohol use. Suspicion alone of drugs or alcohol on property will result in program warnings likely to lead to termination from program.

Participants are not permitted to possess, or use alcohol, or drugs on or off the Stoll House property. Any drug or alcohol paraphernalia will be considered a violation of Stoll House rules.

Prescribed medications, including psychotropic or narcotic medications must be documented with case management.

PROGRAM RULES

Curfew, Guests and Occupancy

Curfew Hours: 9:00 PM, Sunday through Thursday
12:00 AM, Friday and Saturday.

All unaccompanied children should be in their family units by 7:30 PM

Guest Hours: 8.00am – 9.00pm Saturday, Sunday
3.30pm – 8.00pm Monday through Friday

Special Guest requests are needed for any guests outside of these designated hours. One request may be submitted for a recurring visitor with the times/days. These recurring requests must be updated quarterly.

Overnight Guests must be pre- authorized by Case Management; all Lease rules regarding guests still apply.

Participants are required to sleep at the Stoll House Property Sunday through Thursday.

Participants are **ONLY allowed 2 out of curfew requests** during the working week (Monday through Thursday). These will require approval from the Case manager, if there are any kinds of changes to recurring day/times or additions these need to be requested independently; all requests will be reviewed and updated quarterly.

Participants are allowed one weekend departure with up to two nights in a row per month from the Stoll House Property. A separate Holiday Weekend departure Policy is in place.

You are responsible for notifying the Case Manager in writing requesting approval for departure from Stoll House on weekend overnights.

Taking a leave of absence from a homeless assistance program without providing advance notice is considered to be the abandonment of your unit, and may result in the termination of your lease.

<p style="text-align: center;">Stoll House Transitional Housing Program Weekend Departure Policy.</p>
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Stoll House provides transitional housing, counseling, job development and self sufficiency services to families who are homeless and prepared to make a serious effort to change their situation. Stoll House has been designed to meet the needs of single parent families who meet the eligibility requirements.

According to the Stoll House rules participants are allowed one weekend per month departure from the site for overnight visits.

This request must be in writing to the Case Manager for approval **PRIOR** to the departure.

Only 2 nights in a row are allowed off site and they are Friday – Saturdays only.

In regards to the following general Holidays;

You may take the following additional nights if a contact number for the place you will be staying is provided on the request form.

Easter / Spring - You may take this as an additional 2 nights away if it does not infringe on the school time of your child/children (i.e. you have to be back on property the night before school starts).

Thanksgiving – You are allowed to take an extra 1 night for this Holiday – the Thursday night in order for you to be at a family gathering, again this is to be written requests prior to departure.

Christmas – You may take an additional 2 nights – Christmas Eve and the day after Christmas day, if it falls during the week. You may not take extra nights if it falls on the weekend.

All forms must be to the Case Manager 1 week in advance and a copy will be provided to the Resident manager.

This policy is put into place as we are aware that many of the participants have other children that are not currently living with them and they wish to spend these days with the extended parts of their families.

The Case management reserves the right to call the contacts during this time in order to check that compliance is being met.

As with all requests the Case Management makes the final determination and an appeals process should be followed in the case of a dispute.

Lease Agreement

Participants are expected to pay monthly rent from their own income **without assistance** from another person, agency or group.

Participants must abide by the terms of their Lease Agreement.

The Resident Manager reserves the right to enforce all lease rules and policies to participants.

The Resident Manager will inform the Case Manager of non-compliance and/or breach of Lease Agreement which may result in program warnings and termination of tenancy from Stoll House property.

The Stoll House program provides services and amenities that are not within the scope of the rental lease agreement and are not covered by any rent paid. These program services and amenities may include, but are not limited to Case Management, Job Development, Children Services, Food, Clothing, Household Donations, Classes, Activities, Parking, Laundry Facility, Counseling, Housing Search Assistance and Aftercare Services. Case Management/Services reserve the right to withdraw and/or refuse these services at any time.

Children turning the age of 18 are required to sign the Program Rules, as an understanding of the Site requirements and regulations. They will be held to the Curfew, Guest Requests and Alcohol and Drug Policy as set forth for all adult participants at Stoll House. A child turning 18 is required to obtain and submit government photo ID and sign on to the applicable lease documentation as a newly adult member.

Participants are permitted with Case Management permission to leave their children in the care of another resident, friend, or family member on the Stoll House property. Please use the correct form to request this.

Stoll House assumes no liability for the health, safety and welfare of its participants.

Failure to comply with the Stoll House program, policies, rules and regulations, and/or the goals and objectives set forth in the Individual Service Plan may result in termination of tenancy at the Stoll House Property.



SUPPORTIVE SERVICES PROGRAM

Third party Rent Payment Agreement

Date of Meeting:

Client Name:

Month Third Party rent payment is being requested for:

Request has been made for a Third Party:

Third Party rent payment has been agreed, with the following conditions: (name of person and or agency providing rent, budget meeting, or other)

Third Party rent payment has been NOT been agreed, for the following reasons:

Comments/Concerns:

Request accepted by: _____

(Signature)

Case Manager

Date

cc: V.P. Services, Resident Manager

Stoll House is a 12-month program.

However, you may complete or discontinue the program before the 12-months. If a participant completes the Stoll House program prior to their 10th month, and completed the Quarterly Program Milestones, and the Transitional Budget; they may request a Certificate of Completion from the Case Manager.

Procedures for discharging a participant occur naturally beginning in the 10th month. At that time, participants receive a Certificate of Program Completion.

Participants receiving the Certificate of Program Completion, and wishing to be considered for extension to their participation in Stoll House must follow the Program Extensions Policy.

Those Participants completing their 24 months DO NOT have the option to extend any further and will follow the Program Completion Policy.

Participants who work on successfully achieving program milestones can expect to receive priority for Many Mansions' permanent housing opportunities via admission to the Transfer Waiting List at the Housing Central Office.

Participants are made aware that availability of Many Mansions housing is subject to changing conditions therefore it is possible there may not be a vacancy within their allotted timeframe to find housing.

In addition, qualifying for housing is often dependant upon passing standard rental screening that can include gauging the ability of an applicant to pay rent, insuring that a household's income is within established limits and verifying that a household meets minimum standards on background checks.

Many Mansions housing as with all housing is dependant upon various rules and regulations which include the ability of clients to pay rent as well as clear the regulatory requirements including background checks.

Stoll House must follow federal funding regulations. Our program is designed for a length of stay longer then the average six to nine month transitional living programs in California. We make every effort to provide participants with the opportunity to live comfortably with ample community and supportive services in a reasonably unrestricted program. **Participants should act responsibly, use care and plan to move out by their 12th month.**



A Non-Profit, Affordable Housing & Service Provider

1459 E. Thousand Oaks Blvd., Suite D * Thousand Oaks CA 91362

PHONE (805) 496-4948

FAX (805) 497-1305

Program Extension Policy & Procedure For Stoll House THP

PURPOSE

The purpose of the Stoll House Program Extension Procedure is to provide clear guidelines for granting extensions and functional instructions for implementing extensions to insure consistency and fairness.

POLICY

The Stoll House Transitional Program is a 12 month Program that can be extended no more than an additional 12 months (to a total of 24 months participation) for participants reaching their original completion date from the Stoll House Transitional Program. All extensions must have the approval of the Director of Services.

Program extensions are incremental in 3 month periods. The Client must work with the Case Manager extensively on the agreed upon Goals and, at the end of each month, the Case Manager will assess their attitude, compliance and progress to make the determination on the appropriateness of requesting an additional 3 month extension. Total extensions shall not cause the Client to exceed 24 months in program from initial entry date.

PROCEDURE

- At the tenth month date of the initial move in for a participant a Certificate of Completion will be given to the participant by the Case Manager of Stoll House; this is copied to the Resident Manager and Director of Services.
- If the resident wishes to request an extension at this time a letter must be submitted within 10 working days of the receipt of the Certificate of Completion.
- On receipt of the Letter requesting Extension to Program the Director of Services will request the current file for the participant. Taking no longer than 8 working days to complete.
- On receipt of the file the Director of Services will read through the file and complete the Extension Checklist form, including requesting a recommendation from the Case Manager.

Stoll House Policy September 2010





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- In reviewing all information from the file and the recommendations from the Case Manager the Director of Services will complete the response to the participant in regards to their request for extension. The response will be mailed to the participant within 10 working days.
- A copy of the response will be given to the Executive Director as well as the Case Manager and Resident Manager.
- If an Appeal is filed the Director of Services will follow the Appeal Policy and Procedure.

Stoll House Policy September 2010



Stoll House Transitional Program
Extension Case Management Recommendation

Name of Client _____

Date of Move in _____

Date of Move Out _____

CM Check File Notes Yes No

Completed milestones?

- Completed
- Mostly complete
- In complete

Notes

Attitude towards Program?

- Positive
- Indifferent but achieving the minimum
- Not positive, not working well in program

Notes

Recommendation from Case Management

- Positive
- Concerns as listed
- negative, lack of belief they will continue to follow requirements

Notes



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Stoll House Program Moving Support to Permanent Housing.

PURPOSE

The purpose of the Stoll House Moving support is to help when possible with transportation of items that will be moved from the transitional program to the permanent housing on graduation from program.

PROCEDURE

- At the time that a client has confirmed that they have found, and will be moving into permanent housing the Stoll House Support Moving form will be completed.
- If the client is a victim of Domestic Violence a moving van through a formal moving company will be provided for the day of the move. This company will not move boxes or extraneous items; they will move Heavy items such as furniture and require an inventory.
- If the client is not a victim of Domestic Violence the formal moving company will not be available BUT there is an opportunity for a moving van to be donated for a day of move. This van per the requirements of the donor must be driven by either a Many Mansions Volunteer or a Many Mansions staff person.
- If the client is a victim of Domestic Violence they will also have use of the donated moving truck per the requirements stated above for non Domestic Violence clients.
- Many Mansions' Services department will work with the Many Mansions' Volunteer Coordinator to attempt to arrange volunteer coverage for the move. We do not guarantee that we will be able to find a volunteer, the more notice given the more likely that we can accommodate the need.
- A copy of the completed request form will be given to the Volunteer Coordinator and Services Director in order to coordinate the vans and any other needs.

Amended September 2010



POLICY & PROCEDURE FOR HOUSING TERMINATION STOLL HOUSE THP

Policy on Terminating Housing

Repeated or egregious non-compliance with the Lease or Termination from the Transitional Housing Program will result in the issuance of a 30-day Notice of Lease Termination. Termination of client housing may occur in the following ways:

Progressive Warning Process

Pursuant to balancing effective lease enforcement with good resident relations, Many Mansions' policy is to operate by a "progressive discipline" practice. In other words, we respond to *minor* lease infractions incrementally; gently at first and then more forcefully as they recur.

An example of applying the progressive response concept would be as follows:

1. Infraction: First instance of loud music after 10pm.
 - a. Classification: Minor Infraction.
 - i. Response: Verbal warning documented by Resident File-note.
2. Infraction: Second instance of loud music after 10pm.
 - a. Classification: Mid-level Infraction.
 - i. Response: Warning Letter.
3. Infraction: Third instance of loud music after 10pm.
 - a. Classification: Repeated Lease Violations - Nuisance.
 - i. Response: Issue a written "3-Day Notice to Perform Covenant or Quit".

Severe Warning Requiring Remedy or Mitigation

More serious lease infractions warrant stronger immediate actions. Examples are:

1. Infraction: Modifying unit w/o management permissions.
 - a. Classification: Serious, but remedial lease violation.
 - i. Response: Issue a written "3-Day Notice to Perform Covenant or Quit".
2. Infraction: Failure to comply with Annual Re-certification requirement.
 - a. Classification: Serious but remedial lease violation.
 - i. Response: Issue a written "3-Day Notice to Perform Covenant or Quit".

Immediate Termination from Housing for Egregious Violation

Actions and / or violations that are very serious, that represent major health/safety threats, and/or considered criminal activity are cause for immediate termination from housing. Examples are;

3. Infraction: Fire started by resident.
 - a. Classification: Serious, *Non-remedial* lease violation.
 - i. Response: Initiate Lease Termination Procedure.
4. Infraction: Household Member Arrested on site for drug activity.
 - a. Classification: Serious, *Non-remedial* lease violation.
 - i. Response: Initiate Lease Termination Procedure.

POLICY & PROCEDURE FOR HOUSING TERMINATION STOLL HOUSE THP

Program Termination

A resident may be terminated from the program for non-participation in the program or violation of program rules. Program compliance is a condition of the lease agreement. Program termination occurs through the program's progressive warning system outlined below:

1. Once a violation of program rules or non-compliance with the program has been identified, the Case Manager will issue a verbal warning during their case management session at which time he / she will attempt to find a solution to the problem in an effort to help the program participant become in compliance. This step is documented in the meeting notes of the Case Manager.
2. If the program participant continues not to comply with the program, a written notice will be issued by the Case Manager. The written notice will request that the program participant meet again with the Case Manager to discuss the issue and to work together to find a solution.
3. If there is no response from the program participant regarding the written notice, the Case Manager will attempt a phone call until there is a response or until they have called three times. Phone calls will be placed at different dates and hours of the day to ensure that contact attempts are valid and affective. Each phone call attempt will be documented by the Case Manager.
4. If there is no response to the phone call, then the Case Manager will visit the program participant's unit personally until there is a response or up to three times. Each time the Case Manager visits the unit, a note will be left stating that the program participant must contact the Case Manager or risk being terminated from the program.
5. However, if the Case Manager is successful in contacting the program participant through a response to the written notice, phone call, or personal visit, then the program participant will be required to meet with the Case Manager to further discuss a possible solution. Once a solution has been clearly identified, the Case Manager will formally issue a 3-day comply or quit notice. At this time the program participant will have three days to comply or risk program termination.
6. If, in fact, the program participant is identified by the Case Manager for program termination, then a formal request to terminate from program is sent to the Director of Services for review along with all appropriate documentation.
7. If the Director of Services decides to terminate the program participant, then the Director or Services will formally meet with the Executive Director to present the documentation and await a final decision.
8. If the Executive Director decides to terminate the program participant, then a formal notice is given to the Resident Manager whereupon a Notice of Termination of Lease is issued with a 30-day notice. Residents may appeal program termination or lease termination via the Grievance Procedure.

Stoll House Program Re-Admittance Policy.

PURPOSE

The purpose of the Stoll House Program Re-Admittance Policy is to provide clear and consistent instruction for the Re-admittance to Program by prior participants in the Stoll House Transitional Program.

The Stoll House Transitional Program is a 12 month program, and although it may be extended re-admittance for some clients may be deemed necessary due to circumstances after their completion or non-completion of the Program.

Eligibility

Re-admittance will only be considered for those past participants that were guided by the Stoll House Case Management to enter into a rehabilitation center or other designated program before their completion of the Program.

All Past Participant should have been out of the Stoll Program for a minimum of 2 years before re-applying or have documentation from the current program to state clearly why they feel the re-admittance would lead to success this time.

Process

The Past Participant must complete the entire Intake process for entry into Stoll House. They **will not** be given special treatment from other people completing the intake. Their prior file will be taken into account when decision for acceptance is begin made. The Director of Services will inform the resident of receipt of the letter and complete the Extension Checklist Form.



STOLL HOUSE PROGRAM TERMINATION APPEAL PROCEDURE

An opportunity to appeal program termination will be given to all participants and explained during the move-in orientation session. Appeals will be accepted without prejudice in compliance with this procedure to improve the operations of Many Mansions' Programs by all levels of management.

The procedure shall be as follows:

1. If participants wish to appeal program termination, they are required to submit a completed Program Termination Appeal Form to the Case Manager within five (5) business days of issuance of the program termination. The Case Manager will forward the appeal to the Director of Adult & Supportive Services within three (3) business days of receipt of the appeal.
2. The Director of Adult & Supportive Services will submit a formal Appeal Report to the Executive Director of Many Mansions. The Executive Director will issue a decision in writing within ten (10) business days from the receipt of the formal Appeal Report. This decision will be final.

I agree to the terms and conditions of this Program Termination Appeal Procedure and understand that failure to follow the established procedure, or attempting to circumvent the procedure, i.e. contacting personnel outside the established procedure, will result in the denial of the appeal without further review of the merits.

Participant Signature

Date

Participant Signature

Date

Many Mansions Representative Signature

Date

**MANY MANSIONS SERVICES
PROGRAM TERMINATION APPEAL**

NAME: _____

COMPLEX _____

ADDRESS: _____

CASE MANAGER: _____

IMPORTANT NOTE: This form is only to be used for filing a formal appeal regarding a program termination issued by your Case Manager.

REASON(S) FOR APPEAL:

By signing below, I agree to the terms and conditions established under the Program Termination Appeal Procedure, and understand that any failure to follow the established procedure, or any attempt to circumvent the procedure, i.e. contacting personnel outside the established procedure, will result in the denial of the appeal without a review of the merits. Additionally, I attest that the information I am presenting for consideration is true to the best of my knowledge and that I have not deliberately misrepresented any facts regarding this matter

Signature

Date

MANAGEMENT USE ONLY:

DATE REC'D: _____

REC'D BY: _____

LOGGED ON: _____

DATE FORWD TO DIR SUPP & ADULT SRVS: _____



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Stoll House Program Completion Procedure-24 Months.

PURPOSE

The purpose of the Stoll House Program Completion Procedure is to provide clear and consistent instruction for the exit of Participants from the Stoll House Transitional Program.

The Stoll House Transitional Program is a 12 month Program that can be extended with the approval of the Director of Services to a total of 24 months.

TimeLine

- At the 22nd month date of the initial move in for a participant a Certificate of Completion will be given to the participant by the Case Manager of Stoll House; this is copied to the Resident Manager and Director of Services.
- The Resident will arrange for their Exit interview with the Case Manager before the 12 month is complete.
- The resident will request in writing the release of all savings for them to utilize in attaining their Permanent Housing.
- The resident will meet with and complete all paperwork as needed by Housing Management for their exit.
- If the participant decides to file for an extension (only if there is a strong, compelling and Documented Reason, e.g. medical) they should follow the Extension Policy as set out in their handbook.

Amended September 2010



24-MONTH LIMITATION OF STAY

DATE:

To:

_____ Los Robles Road Apt. ____
Thousand Oaks, CA 91362
Phone:

Dear,

On March _____, you will reach the 24-month limitation of stay at Stoll House Transitional Living Program. We are pleased to have provided you with the additional time of 12 months to prepare for independent living. A copy of this notice has been filed with Many Mansions Housing Management, who will contact you to arrange for your move out date.

Sincerely,

Stoll House Case Manager

Cc: Director of Services; Director of Housing Management

Services Grievances and Appeals



The procedure for Adult Participants, Parents and Guardians of child participants to file a Grievance or to appeal Site Coordinator decisions regarding Eligibility, Disciplinary Actions or Attendance Termination shall be as follows:

The Grievance procedure is to be used for resolution of disputes between Adult Participants Parents/Guardians of participants and Management. This process shall not be used for resolution of disputes between any participants nor the Parents and Guardians of participants. The procedure will work as follows:

1. If Adult participants or Parents/Guardians of participants have serious complaints or disagreements regarding the Site Coordinator or Case Management, they are required to address the issue directly with the Site Coordinator or Case Management. The complaint must be submitted in writing within five (5) business days of the occurrence or incident. The Site Coordinator or Case Management will respond within five (5) business days of receipt of the complaint in writing.
2. If the Adult participants or Parent/Guardian of a participant is dissatisfied with the decision made by the Site Coordinator or Case Management, they may file a written grievance with Director of Services at Many Mansions Main Office. The grievance must be filed within three (3) business days of receiving the Site Coordinator's or Case Management response on the established Grievance Form.
3. The Director of Services will investigate the issue and will respond within five (5) business days upon receipt of the written grievance notice.

If the Adult participants or Parent/Guardian of a participant is dissatisfied with the decision made by the Director of Services, the Parent/Guardian needs to notify the Director of Services in writing within three (3) business days. The Director will submit a formal grievance report in writing to the Executive Director of Many Mansions. The Executive Director will issue a decision in writing within ten (10) business days from the receipt of the formal grievance report. This decision will be final.

MANY MANSIONS SERVICES
PROGRAM APPEAL



NAME: _____

COMPLEX _____

ADDRESS: _____

CASE MANAGER: _____

IMPORTANT NOTE: This form is only to be used for filing a formal appeal regarding a program grievance issued by your Site Coordinator or Case Manager.

REASON(S) FOR APPEAL:

By signing below, I agree to the terms and conditions established under the Program Appeal Procedure, and understand that any failure to follow the established procedure, or any attempt to circumvent the procedure, i.e. contacting personnel outside the established procedure, will result in the denial of the appeal without a review of the merits. Additionally, I attest that the information I am presenting for consideration is true to the best of my knowledge and that I have not deliberately misrepresented any facts regarding this matter

Signature

Date

MANAGEMENT USE ONLY:

DATE REC'D: _____

REC'D BY: _____

LOGGED ON: _____

DATE FORWD TO DIR SUPP & ADULT SRVS: _____

- One to three months
- More than three months, but less than one year
- One year or longer

Zip Code of Last Permanent Address: _____

Group Members (Under 18):

Full Name	Relation	DOB	SSN

CLIENT CHARACTERISTICS

- Gender: Female Male
 Transgendered Male to Female
 Transgendered Female to Male
 Other

Disabling Condition: YES or NO

Primary Race Ethnicity: Non-Hispanic/Non-Latino
 Hispanic/Latino

- Hispanic:
- Am. Indian/Alaskan Native:
- Asian:
- African American:
- Hawaiian/Pacific Islander:
- White/Caucasian:
- Don't know

HEALTH

Do you have a disabling condition? YES NO

Physical Disability: _____

Developmental Disability: _____

Mental Illness: _____

Are you currently receiving services or treatment? YES NO

At exit – Received services or treatment while in Program? YES NO

Do you have a chronic health condition? YES NO

Please indicate the chronic health condition: _____

Are you currently receiving services or treatment? YES NO

Have you been diagnosed with AIDS or tested positive for HIV? YES NO
Are you currently receiving services or treatment? YES NO

If you have been diagnosed with a mental health problem, is it expected to be of long-continued and infinite duration? YES NO

Does this substantially impede your ability to live independently? YES NO

At exit – Received services or treatment while in Program? YES NO

Have you had any history with drug or alcohol abuse? YES NO

Do you currently have a substance abuse problem? YES NO

Is it expected to be of long-continued and infinite duration? YES NO

Does this substantially impede your ability to live independently? YES NO

General Health Status:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know

Pregnant: YES NO Don't Know

Due Date if Pregnant: _____

DOMESTIC VIOLENCE

Have you ever been a victim of domestic violence? YES NO

How long ago did you have the most recent experience?

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Don't Know
- Refused

EMPLOYMENT

Are you currently employed? YES NO

How many hours did you work in the last week? _____

What type of work is it?

- Permanent
- Temporary
- Seasonal
- Don't know

Are you looking for additional employment or increased hours at your current job? YES NO

EDUCATION

Are you currently in school or working on any degree or certificate?

YES NO

Have you received any vocational training or apprenticeship certificates?

YES NO

What is the highest level of school you have completed?

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, No diploma
- High school diploma
- GED
- Post-secondary school

If you have received a high school diploma, GED or enrolled in a post-secondary education, what degree(s) have you earned?

- None
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree
- Other graduate/professional degree
- Certificate of advanced training or skilled artisan

MILITARY DATA - If Veteran or Military Service

Veteran Status: YES NO

- Persian Gulf Era (August 1991 – September 10, 2001)
- Post Vietnam (May 1975 – July 1991)
- Vietnam Era (August 1964 – April 1975)
- Between Korean and Vietnam War (February 1955– July 1964)
- Korean War (June 1950 – January 1955)
- Between WWII and Korean War (August 1947 – May 1950)
- World War II (September 1940 – July 1947)
- Don't know
- Post September 11, 2001 (September 11, 2001 -Present)

Duration of Active Duty: _____

Served in War Zone: YES NO

If yes, name War Zone:

- | | |
|--|--|
| <input type="checkbox"/> Europe | <input type="checkbox"/> Korea |
| <input type="checkbox"/> North Africa | <input type="checkbox"/> China, Burma, India |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> South Pacific |
| <input type="checkbox"/> Laos and Cambodia | <input type="checkbox"/> Persian Gulf |
| <input type="checkbox"/> South China Sea | <input type="checkbox"/> Other |
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Don't know |

Duration of War Zone Service (months): _____

If yes, received Hostile or Friendly Fire

Branch of Military Service:

- Army
- Air Force
- Navy
- Marines
- Other

Military Discharge Status:

- Honorable
- General
- Medical
- Bad conduct
- Dishonorable
- Other

CHILDREN'S EDUCATION (current household)

Is your child/children currently enrolled in school? YES NO

If yes, name of child's school: _____

Is your child connected to the McKinney-Vento Homeless Assistance Act school liaison? YES NO

Type of school: Public Parochial or other private school

If not enrolled, last date of enrollment: _____

If not enrolled, please identify the problems in enrolling your child:

- None
- Residency requirements
- Availability of school records
- Birth certificates
- Legal guardianship requirements
- Transportation
- Lack of available preschool programs
- Immunization requirements

- Physical examination records
- Other

EXITING PROGRAM - DESTINATION

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher*
- Transitional housing for homeless persons (including homeless youth)*
- Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (.e.g., room apartment or house;)
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Other
- Safe Haven
- Rental by client, VASH Subsidy (Veterans Affairs Supportive Housing)
- Rental by client, other (non-VASH) ongoing housing subsidy
- Owned by client, with ongoing housing subsidy:
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Deceased
- Don't Know
- Refused

EXITING – REASON FOR LEAVING

- Left for a housing opportunity before completing program
- Completed program
- Non-payment of rent/occupancy charge
- Non-compliance with program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with rules/persons
- Death
- Unknown/disappeared

Other

EXITING – SERVICES PROVIDED

- Food = Emergency food programs and food pantries.
- Housing placement = Housing search
- Material goods = Clothing and personal hygiene items.
- Temporary housing and other financial aid = Rent payment or deposit assistance
- Transportation = Bus passes and mass transit tokens
- Consumer assistance and protection = Money management counseling and acquiring identification/SSN
- Criminal justice/legal services = Legal counseling and immigration services
Education GED instruction, bilingual education, and literacy programs
- HIV/AIDS-related services = HIV testing, AIDS treatment, AIDS/HIV prevention and counseling
- Mental health care/counseling = Telephone crisis hotlines and psychiatric programs
- Other health care = Disability screening, health care referrals, and health education (excluding HIV/AIDS-related services, mental health care/counseling, and substance abuse services)
- Substance abuse services = Detoxification and alcohol/drug abuse counseling
- Employment = Job development and job finding assistance
- Case/care management = Development of plans for the evaluation, treatment and/or care of persons needing assistance in planning or arranging for services
- Day care = Child care centers and infant care centers
- Personal enrichment = Life skills education, social skills training, and stress management
- Referral to other service(s) = Street outreach referral, intra agency service referral, referral to services from other agencies
- Outreach = Street outreach
- Other = Other service



HMIS Data Collection on Child/ ren.

The purpose of this questionnaire is to gather information that is required for funding for Stoll House. This information is solely used to fulfill a grant and is documented in HMIS and the report is numbers only; we do require this of each of you on entry to the program but we are now also being responsible to take some basic data of your child /ren. We appreciate any and all information for the following questions only.

Name of Child: _____

Middle Name: _____

DOB: _____

SSI Number: _____

Primary Race: _____

Disability (if any): _____

Zip Code of last permanent address: _____

Housing situation (please circle one)

- Room for rent
- Hotel or Motel
- Apartment or House
- Foster care
- Other

We appreciate your help in this and assure you that we will always protect you and your child's privacy.

Please sign and date below for our records.

Name

Date

If you have any questions or concerns, please discuss this with your Case Manager

Thank you in advance for your cooperation.

SUBSTANCE TESTING CONSENT

I understand that Stoll Community House is committed to providing a Drug and Alcohol free environment for all residents and employees. As such, in accordance with applicable law, Substance Testing applies to all applicants who have received a conditional offer of tenancy.

Respectively, I consent to Substance Testing. I agree to provide blood, breath and/or urine specimens upon request by authorized representatives of Stoll Community House. I understand that my specimens will be used to determine whether Drugs, Alcohol, or other Chemical Intoxicants are present in my system.

I agree to cooperate with the Stoll Community House Program, its representatives and agents of the Conejo Free Clinic or other Laboratory involved in the sample collection, testing, evaluation, reporting and confirmation process.

I authorize the release of all information generated by, or obtained from my participation in Substance Testing to the representatives and agents of Stoll Community House.

I release and hold harmless, individually and collectively, each person or business entity involved in my specimen request, collection, testing, evaluation, reporting and for any decisions, adverse or otherwise, made concerning my application for tenancy and/or continued tenancy based on my Substance Testing results.

I understand that my failure or refusal to comply in all respects to the terms contained herein, or a positive test result may be grounds to reject my application for Stoll Community House. If I am already a tenant of Stoll Community House, a positive test result may be grounds for disciplinary action, including expulsion from the program and eviction from the property.

Name

Signature

Date



A Non-Profit, Affordable Housing & Service Provider

1459 E. Thousand Oaks Blvd., Suite D * Thousand Oaks CA 91362

PHONE (805) 496-4948

FAX (805) 497-1305

SUBSTANCE TESTING REQUEST

Resident: _____ Date: _____

As described in the Substance Testing Consent, you are required to give a urine specimen for substance testing. You have 48 hours from the time of meeting/posting on your door to perform this test.

Date/Time: _____

Please take this form to:

Conejo Free Clinic
80 E. Hillcrest #102
Thousand Oaks, CA 91360
M-F 9am-12pm
805-497-3575





A Non-Profit, Affordable Housing & Service Provider

1459 E. Thousand Oaks Blvd., Suite D * Thousand Oaks CA 91362

PHONE (805) 496-4948

FAX (805) 497-1305

Dear Conejo Free Clinic:

We ask that you please complete a substance test for:

Name: _____

We would appreciate that all specimens be observed to ensure specimen is of the person giving.

We would also appreciate a copy of this sheet be signed below and copied for the client to return.

Please mail the results of this client's urine specimen to:

Stoll House Case Manager
Many Mansions
1459 E. Thousand Oaks Blvd. Bldg. D
Thousand Oaks, CA 91362

Thank you for your assistance.

Signature of observer: _____ Date of test: _____



INDIVIDUAL SERVICE PLAN- QUARTERLY

1st month 3rd month 6th month 9th month

Participant: _____

Date: _____

Status for Supportive Services:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Employment
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Repair Credit/Bankruptcy
<input type="checkbox"/> Drug Rehab.
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Dept. of Rehabilitation
<input type="checkbox"/> Arrest/Bench Warrant
<input type="checkbox"/> Furniture
<input type="checkbox"/> Parenting Education
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Child Protective Services
<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> _____ | <input type="checkbox"/> Job Training
<input type="checkbox"/> Career Development
<input type="checkbox"/> Cal Works
<input type="checkbox"/> Alcohol Rehab.
<input type="checkbox"/> Medical Dental Needs
<input type="checkbox"/> Divorce
<input type="checkbox"/> Court Collections
<input type="checkbox"/> Clothing
<input type="checkbox"/> Nutrition Education
<input type="checkbox"/> Family Reunification
<input type="checkbox"/> Transportation
<input type="checkbox"/> Referral/Letter of Support
<input type="checkbox"/> _____ | <input type="checkbox"/> GED
<input type="checkbox"/> Checking Account
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Alcohol or Drug Abuse
<input type="checkbox"/> SSA/SSI
<input type="checkbox"/> Child Custody
<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Therapy
<input type="checkbox"/> Social Skills
<input type="checkbox"/> Child Care
<input type="checkbox"/> Drivers License
<input type="checkbox"/> Move Out Transition
<input type="checkbox"/> _____ | <input type="checkbox"/> Collage
<input type="checkbox"/> Tax Filing
<input type="checkbox"/> Medi Cal
<input type="checkbox"/> Mental Disability.
<input type="checkbox"/> Medi Care
<input type="checkbox"/> Alimony/Child Support
<input type="checkbox"/> Food
<input type="checkbox"/> Spiritual Religious
<input type="checkbox"/> Anger Management
<input type="checkbox"/> Child School Enrollment
<input type="checkbox"/> Insurance
<input type="checkbox"/> Exit Evaluation
<input type="checkbox"/> _____ |
|---|--|---|---|

3- Month Goals:

Target Date

Complete Date

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| _____ | _____ | _____ |

1-Month Goals:

Target Date

Complete Date

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that it is my responsibility to meet my goals as set forth in this Individual Service Plan and that failure to meet my goals may result in discontinuance from the Stoll House Program.

Participant Signature

Date

Case Manager Signature

Date



STOLL COMMUNITY HOUSE: TRANSITIONAL LIVING PROGRAM

WEEKLY GOALS, NARRATIVE AND MONTHLY STATUS REPORT

Resident Name: _____ Date: _____ Time: _____

Next Meeting: Date and Time

Staff Signature

FOLLOW-UP NARRATIVE NOTES

Actions.

Case Manager	Client	deadline	Met? Y /N or comment

STOLL HOUSE MONTHLY STATUS REPORT							
New Client? <input type="checkbox"/>	Exit Client? <input type="checkbox"/>	Date of Entry			Date of Exit:		
Length of Stay: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
(PII) Permanent Housing Prospects: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>					Location:		
Adults:							
Children: (List age and last name if different)							
Incident Reports/Warnings Issued: <input type="checkbox"/> Reason:					Resolved <input type="checkbox"/> Pending Action <input type="checkbox"/>		
SHP STATUS	N/A	YES	NO	MET	Person/Agency/Reason	Date/Deadline	
Made Monthly Savings Deposit? (PII)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current savings?		
Employed or in Gainful Training? (SI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Clients Desires/Needs:							



Many Mansions Housing Research Opportunities

To whom it may concern;

Many Mansions has a Transitional Housing Program here in Thousand Oaks and as part of the requirements the clients at this program have to show proof that they have knowledge of apartment complexes available to them once they complete program.

As many Apartment complexes are not accepting applications with out real intent of move in date we are hoping that you would be able to help these clients by completing this very quick form so that they can comply with their program requirement.

If you need more information please feel free to call Case Manager at 805-497-4302.

Name of Apartment Community: _____ / Phone # _____

Cannot take application at this time

Need \$50 fee to take application

Waitlist at present

Other reason _____

Y N Would you give an applicant one of your application forms to practice completing?

Signed _____ / Title _____ / Date _____

Office Use:

Brought In Literature from Apartment Community

Filled in Application

Signed _____
Case Manager

Date _____

6 month Personal Summary Outline.

Name

Date of Program Completion

Summary should include the following items:

1. Where you felt you were at on entry into Stoll House Program.
2. What did moving into Stoll House mean to you and your family.
3. How you managed with the rules, regulations and milestones (be honest this is not to be used against you!)
4. List the goals which you hope to attain in the remaining time at Stoll. What you would like to continue to attain when you move out from Stoll House.
4. What are some of your future goals for your children as well as yourself?

**STOLL HOUSE CHILD/REN
(SUMMER VACATION TIME ONLY) SUPERVISORY NEEDS**

Complete this form during your regularly scheduled case management meeting. The case manager will email this form to the V.P Services.

Participant: _____

Date: _____

Move In Date: _____

Move Out Date: _____

Address: _____

Phone: _____

Email: _____

Name of Child	Age	Hours of child care needs	
		Days of Week	Hours of the day
			am to pm
			am to pm
			am to pm
			am to pm
			am to pm

Are you working? Yes No

What are your work hours?

Do you have subsidized childcare resources?

Stoll House Resident Schedule

Effective Date: _____

Please mark on the form where you are available to meet with Many Mansion's staff. You may also indicate where your work or school schedule is to show when you are definitely not available.

Thank you for your help with this

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							

REQUEST FORM

This form should be completed by the participant requesting to be excused for curfew, weekend, or child absence. The case manager will consider your request during your regularly scheduled case management meeting. Please provide a 5-day advance notice for all non-emergencies. You may be asked to provide documentation for approval. After review and approval, the Case Manager will copy this form to the Resident Manager.

Participant Name: _____ Today's Date: _____

Move in Date: _____ Move out date: _____

Dates of Requested Curfew / Absence (*one weekend may not exceed up to two nights in a row per month*)

Please list days and hours requested: _____

Please state reason for request (*check one*)

- | | |
|---|---|
| <input type="checkbox"/> Doctor/Hospital Emergency | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Personal Holiday (<i>Identify</i>) | <input type="checkbox"/> Work Hours |
| <input type="checkbox"/> Personal (<i>confidential</i>) | <input type="checkbox"/> Work Training |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Child care provider |
| <input type="checkbox"/> Weekend in Program Rules | <input type="checkbox"/> Childs School Event |
| <input type="checkbox"/> Alcohol & Drug Rehab. Meetings | <input type="checkbox"/> Domestic Violence/Victim Witness |
| <input type="checkbox"/> Judicial /Court Order | <input type="checkbox"/> Jail/Incarceration |
| <input type="checkbox"/> School Training | <input type="checkbox"/> Other _____ |

Did the participant provide 5-business day advance request? Yes No Waived

Did the participant provide documentation? Yes No Not applicable

Participant

Date

Case Manager

Date

CC: Resident Manager

SPECIAL VISITOR REQUEST FORM

Guests are not allowed on the Stoll House property. However, the case manager may approve guest under extraordinary circumstances such as service providers with agency authorization and documentation; children not residing with the resident-parent; court ordered child-visitation with the resident-parent and similar considerations. Friends, fiancé's, boyfriends, girlfriends, ex-spouses, playmates are not allowed. The case manager considers your request during your regularly scheduled case management meeting. You must provide documentation for approval. Upon program director approval, the case manager will copy this form to the Resident Manager.

Participant Name: _____ Today's Date: _____

Move in Date: _____ Move out date: _____

Name of special guest: _____

Relationship to special guest: _____

Please state the reason or purpose of this special guest: _____

Please list days and hours you are requesting to escort this guest on the Stoll House Property:

Did the participant provide 5-business day advance request? Yes No Waived

Did the participant provide documentation? Yes No Not applicable

Participant Request

Date

Case Manager Approved

Date

Program Director Approved

Date

CASE MANAGEMENT
MISSED APPOINTMENT

Please provide a 24 hours advance notice for all non-emergencies. Please attach documentation for missed meetings.

Participant Name: _____ Today's Date: _____

Move in date: _____ Move out date: _____

Date and Time of Missed Appointment: _____

Participant is scheduled: weekly bi-monthly monthly as needed

Please state reason for missed appointment.

Did you attempt to reschedule your appointment in advance? Yes No

Did you provide 24-hour advance notice prior to cancellation? Yes No CM Waived

Did you attach documentation in support of missed appointment? Yes No Not applicable

Participant

Date

Case Manager

Date

Notes: _____

PROGRAM WARNING

To:

Date:

This notice serves as a Program Warning to you: (CM Sites what Program Rule was broken etc.)

- 1.
- 2.
- 3.

On _____ you had an overnight guest.

What was reported:

Please comply with the all of the rules and guidelines set forth in the Stoll House Handbook.

Thank you,

CASE MANAGER

Cc: Property Management

Issues for program:

- 1) *Guests*
- 2) *Childcare and supervision*
- 3) *Repeated, entire family absence from a homeless assistance program.*

Amended September 2010

Stoll House Transitional Program
Extension Checklist

Name of Client _____

Date of Move in _____

Date of Move Out _____

Director Check File Notes Yes No

Recommendation letter from Case Manager Yes No

From the File:

Following Program Rules?

- Consistently
- Frequently
- Infrequently

Notes

Completed milestones?

- Completed
- Mostly complete
- In complete

Notes

Attitude towards Program?

- Positive
- Indifferent but achieving the minimum
- Not positive, not working well in program

Notes

Recommendation from Case Management?

- Positive
- Concerns as listed
- negative, lack of belief they will continue to follow requirements

Notes

Director Notes

Determination?

- Approved
- Approved with additional requirements or time restriction.
- Not Approved

Notes

Office Use Only:

Letter Sent to resident Date: _____

Copies provided to: CM RM ED

Appeal Filed Date: _____

Appeal Accepted Date; _____
 Denied Date; _____

Appeal Response letter sent to resident Date: _____

Copies provided to: CM RM ED

VENDOR: _____
 VENDOR: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____

**Many Mansions Payment Request Form
 Stoll Rent Retention Release(s)**

DATE _____

	FUND	DEPT	G/L	GRANT	PROG.	J/C	DEBIT
1	500	30	21110		530		
Description Stoll THP Rent Retention Release							
2							
Description							
3							
Description							
4							
Description							
5							
Description							
6							
Description							
7							
Description							
8							
Description							
Total							\$ -

Prepared: _____ Date _____
 Approved: _____ Date _____



Memorandum

DATE: October 19, 2010

TO: Director Name, Director of Supportive & Adult Services

FROM: Case Mgr Name

RE: Termination of Stoll House Program Participation

CC: Client file, Resident Manager

Client Name: Jane Q Citizen **Unit #:** A1

Move-In Date: January 1, 2004

Program Completion Target Date: December 31, 2004

Reason(s) for Termination:

- Program Completed
- Repeated or Non-Remedial Program Non-compliance
- Repeated or Non-Remedial Lease Violation(s)
- Client Resigned from Program
- Other: _____

Additional Details: _____

Thank you.

Attachment(s):

1. Date & Description of Item

Director Supp/Adult Services: Received Date: _____, Approved OR Denied
Initial: _____ Comments: _____

Executive Director: Received Date: _____, Approved OR Denied
Initial: _____ Comments: _____

Amended September 2010



An Affordable Housing and Service Provider

1459 E. Thousand Oaks Blvd., Suite C * Thousand Oaks CA 91362

PHONE (805) 496-4948

FAX (805) 497-1305

Amended September 2010

www.manymansions.org

Page 2 of 2



Name: _____

Address: _____

Phone: _____

**Many Mansions
Payment Request Form**

STOLL HOUSE RESIDENT SAVINGS

SANTA BARBARA BANK AND TRUST #10578185

DATE:

	FUND	DEPT	G/L	GRANT	PROG.	J/C	DEBIT	CREDIT
1								
Description Savings Deposit for move out:								
2								
Description								
3								
Description								
4								
Description								
5								
Description								
6								
Description								
7								
Description								
8								
Description								
9								
Description								
10								
Description								
Total								

Prepared: _____

Exe. or Dept

Director Approved: _____