



Dear Applicant for Harbor Homes of Martha's Vineyard Life Skills & Congregate Housing programs:

Tashmoo House (Men's Home) located in Vineyard Haven and within walking distance to the bus line, stores, and some community services or
New York Avenue (Women's Home) located in Oak Bluffs and on the bus line.

Harbor Homes of Martha's Vineyard, Inc. ("Harbor Homes") congregant houses offer:

- life skills education and opportunities to set goals that support movement toward greater self-sufficiency,
- private bedrooms and shared kitchens, baths, and common space for 6 qualifying male adults (Tashmoo House), and
- private bedrooms and private baths, shared kitchens, and common space for 6 qualifying women adults (New York Ave).

Program participants in these six units must have an annual income at or below \$25,850 and pay a program fee of \$450/month. These are life skills education and housing programs.

Attached you will find information for applicants of the Harbor Homes Life Skills and Congregate House Programs and several forms to complete.

Please return all documents to:

Harbor Homes of Martha's Vineyard
P.O. Box 4795
Vineyard Haven, MA 02568.

The Harbor Homes Director and/or Case Manager will screen all applications for preliminary thresholds, including homelessness/housing history, age, and income. As part of the final selection process, all applicants' "Criminal Offender Records Information" (CORI) will be checked. If you need help with any of the forms or in gathering required documentation, please contact any health or human service agency you have worked with previously or the Dukes County Social Service Department at 508-696-3840.

Thank you for your interest in Harbor Homes of Martha's Vineyard. I look forward to receiving your completed application.

Sincerely,

Harbor Homes of Martha's Vineyard, Inc.



INFORMATION FOR APPLICANTS OF Life Skills & Congregate Housing Programs ADMISSION CRITERIA

Threshold Requirements:

To be considered for residence at a congregate house of Harbor Homes, each potential program participant must provide evidence or demonstrate, he/she/they:

1. Is homeless or imminently at risk of becoming homeless;
2. Is income eligible: income at or below 30% of the AMI for Dukes County
3. Is a single adult, 18 years or older;
4. Is willing and able to live in a house with others, sharing facilities and responsibilities; and
5. Does not have a criminal history which includes conviction for a felony, such as murder, rape, sexual abuse, child molestation or arson;
6. Is sober for a minimum of 18 months before admittance and a commitment to continued sobriety.

A person may be disqualified for admission to the Harbor Homes of MV for the following reasons:

1. An immediate risk of suicide.
2. A recent history of behaviors that would pose a danger to anyone associated with Harbor Homes, the house or property.
3. Current court dates pending, the outcome of which may impede full participation in Harbor Homes of MV residency.
4. An individual who does not have a history of 18 months of sobriety.
5. Other reasons not included on this list, which are not discriminatory.



Applicant Requirements for Life Skills & Congregate Housing Programs

Each applicant must also satisfy the following requirements:

1. Completed Harbor Homes Application
2. Income/Asset verification
 - Most recent Bank Statement
 - SSI/SSDI Letter
 - Last month of paystubs (when applicable)
 - Temporary Assistance to Needy Families (TANF) (if applicable)
 - Documentation of any other form of income
3. Authorization for the CORI check.
4. Authorization for Release of Information and Permission to Advocate
5. Reference Check
 - Evidence of Sobriety (when applicable)
 - Evidence of Mental Health (when applicable)
6. Favorable interview with Harbor Homes of MV selection committee
7. Photo ID (government issued)
8. Payment of monthly program fee
9. Vehicle registration (when applicable)
10. Food Stamp Letter (when applicable)
11. Emergency Contact Form
12. Program Expectation Form



PROGRAM EXPECTATIONS
Harbor Homes Life Skills & Congregate Housing Programs

The following program expectations are established to provide an environment that is safe and comfortable for all program participants. You are welcome here as long as you can follow these house expectations.

RESPECT FOR EVERYONE

All program participants and staff of Harbor Homes of MV will be expected to treat each other courteously and with dignity and respect.

Be kind and use respectful language and tone. Avoid belligerent, combatant, aggressive, loud or foul language. Do not use physical intimidation, threatening language, bullying.

Program participants will meet with the House Case Manager.

Attendance at scheduled house meetings is strongly encouraged as an opportunity to pursue individual and house-wide goals, address basic household needs, and as an opportunity to receive and share information.

Each program participant agrees not to disturb the right of privacy, peace and quiet of the other program participants living at Harbor Homes or the neighbors.

Guests of program participants will also follow all rules. The program participant assumes full responsibility for the conduct of their guests. The staff and program participants may designate certain individuals as unwelcome in the house if they violate these house rules.

RESPECT FOR SAFETY

Program participants and their guests may not consume or possess alcohol, marijuana, illegal nonprescription drugs, or drug paraphernalia at any of the Harbor Homes houses or other properties.

All prescribed medications must be kept in an individual lock box in the program participant's own room.

Program participants will not use extension cords, hot plates, toaster ovens, air conditioners or heaters in his/her room. The program participant may not add any type of extension cord or appliances in the house without prior approval of Harbor Homes staff. Program participants may not have flames of any kind in their room or in common areas (candles, incense, etc.)

Smoking and vaping are prohibited inside Harbor Homes. Smoking will only be permitted in designated areas outside of the house and cigarette butts must be disposed of properly.

Program participants are required to keep Harbor Homes as their official residence. Because of safety concerns, prior notice should be given to Harbor Homes staff when an overnight absence is planned. This notice shall include the length of planned absence and how to be reached in case of an emergency. Primary residence is defined as spending the night at Harbor Homes for seven (7) nights per week.

The use or possession of firearms or weapons of any kind are prohibited on the premises. Program participants may not bring firearms or weapons of any kind to any Harbor Homes property or grounds.

Program participants will not engage in any unlawful activity including, but not limited to:

- using, distributing, or possessing illegal drugs
- theft
- illegal gambling
- prostitution

RESPECT FOR THE SCHEDULE

Program participants will respect quiet time that is between 10:00 PM and 9:00 AM.

Program participants will host guests only during visiting hours. Visiting hours/days are established by the program participants of each house and will include a detailed description of what spaces in the house will and will not be accessible to guests.

Attendance at scheduled house meetings is strongly encouraged as an opportunity to pursue individual and house-wide goals, address basic household needs, and as an opportunity to receive and share information.

RESPECT FOR THE PROPERTY

Program participants will clean up after themselves following use of a common room, bathroom, or the kitchen facilities, and share in the cleaning of common areas through a rotating schedule of housekeeping chores.

Program participants keep their room clean and will allow staff to conduct random room inspections, with 24-hour notice for basic fire and safety code compliance and maintenance needs.

The House Manager may schedule room checks for a whole house or for specific individuals for a limited time in response to instances of health and safety, such as pest infestations or blocked exits.

Program participants will maintain their key to the property in a secure location and will not make duplicate keys or share the key with anyone. Similarly, program participants will not share the entry access code with anyone.

Program participants share in the cost of the house and pay a monthly program fee of \$450.00.

Program participants are responsible for their belongings. Harbor Homes staff will not be liable for theft on the premises.

Harbor Homes of MV reserves the right to amend these Program expectations as needed to protect the safety and interests of the program participants of Harbor Homes of MV.

I have reviewed and understand the program expectations for Harbor Homes of Martha’s Vineyard, Inc. and I agree to abide by these rules as a condition of my acceptance into Harbor Homes of Martha’s Vineyard.

Program Participant Signature

Date

Printed Name



AUTHORIZATION FOR RELEASE OF INFORMATION AND PERMISSION TO ADVOCATE

In order for the staff of Harbor Homes of MV to provide me with services, including advocacy on my behalf, I understand that it is necessary for Harbor Homes to have permission from me to contact various individuals, agencies, businesses, medical professionals, hospitals, employers, schools, and other similar facilities to receive information, reports, and other facts pertaining to my needs and goals.

I give permission to Harbor Homes of MV to obtain information from a variety of sources including but not limited to those listed below. I understand that any information I release to Harbor Homes of MV may be disclosed to these same individuals and organizations when appropriate for the purpose of helping me to achieve my goals and needs.

Approved contacts and exchanges may occur between Harbor Homes of Martha’s Vineyard and the following:

Martha’s Vineyard Community Services	Correctional Facilities
Martha’s Vineyard Hospital	Law Offices (Public and Private)
Dukes County Regional Housing Authority	Legal Services
Vineyard House	MA Rehabilitation Commission
Dukes County Social Services	Mental Health Centers (Public and Private)
Department of Transitional Assistance	Motels Owners
Landlords	Psychiatrists, Psychologists, Physicians, and other Health Care Professionals
Housing Assistance Corporation	Other:
Independent Living Centers	Other:
Vineyard Medical	Other:
Island Health Care	Other:
Vineyard Health Care Access	Other:
Daybreak Clubhouse	Other:

This consent can be withdrawn at any time, for any reason, by giving written notice to Harbor Homes MV

Program Participant of HHMV

Date

HHMV Authority, Employee or Witness

Date

Client Privacy of Harbor Homes of Martha’s Vineyard: This notice describes the privacy policy of Harbor Homes of Martha’s Vineyard. Inc. We may amend this policy at any time. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. Your signature indicates that you agree to allow us to collect information and to use it or disclose it as described in this notice. You can

inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our policy or practices. We respond to questions and complaints.



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

Harbor Homes of Martha’s Vineyard, Inc. is registered under the provisions of MGLC6, 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, and applicants for the occupancy of housing units.

As a prospective or current employee, subcontractor, volunteer, or applicant for program participant, I understand that a CORI check will be submitted for my personal information to the MA Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Harbor Homes of Martha’s Vineyard to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Harbor Homes of MV with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: Harbor Homes of Martha’s Vineyard may conduct subsequent CORI checks within one year of the date of this form that was signed by me provided, that Harbor Homes of MV must first provide me with written notice of this subsequent CORI check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the following Personal Information Form is true and accurate.

Printed Name

Signature

Date

Name of Medicine: _____ Dosage: _____

Intended for: _____

Name of Medicine: _____ Dosage: _____

Intended for: _____

Name of Medicine: _____ Dosage: _____

Intended for: _____

Name of Medicine: _____ Dosage: _____

Intended for: _____

Name of Medicine: _____ Dosage: _____

Intended for: _____

Allergy Information:

Allergy: _____

Comments: (include any special medical or personal information you would want an emergency care provider to know – or special contact information).

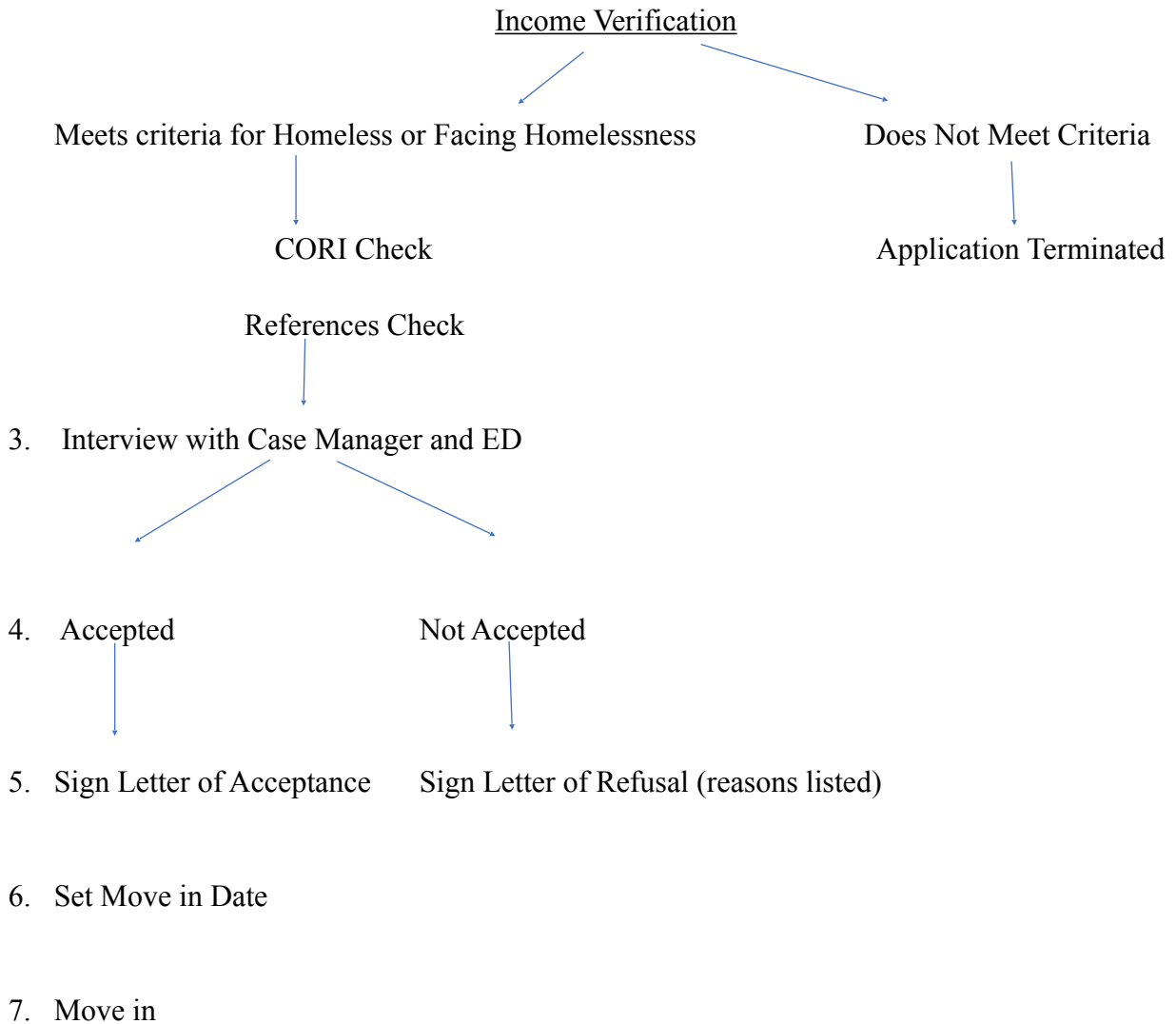
_____ Agree _____ Decline to provide medical information.

Name

Date

Life Skills & Congregate Housing Program APPLICATION PROCEDURE

1. Stamp each application with date and time of receiving.
2. Check income verification.





Life Skills & Congregate Housing Program

CONSEQUENCES FOR VIOLATIONS OF PROGRAM EXPECTATIONS

Minor Infractions: Use of belligerent, combatant, aggressive, loud or foul language; Disturbing the right of privacy, peace and quiet of the other program participants living at Harbor Homes or the neighbors; guests displaying the above actions; Use of extension cords, hot plates, toaster ovens, air conditioners or heaters or flames of any kind in his/her room. without prior approval of Harbor Homes staff; Blocking exits or egresses in room; Smoking and vaping on the property outside the house in non-designated areas, improper disposal of cigarette butts; Not providing prior notice to Harbor Homes staff when an overnight absence is planned, including length of planned absence and how to be reached in case of an emergency; Not respecting quiet time that is between 10:00 PM and 9:00 AM by being loud, using loud devices, etc.; Not cleaning up after use of a common room, bathroom or the kitchen facilities, not completing assigned housekeeping chores.

1. First Offense
 - a. Receive a written warning.
 - b. Attend a meeting with the Case Manager to discuss what occurred, why it occurred, and preventive action steps.
2. Second Offense
 - a. Receive a written warning.
 - b. Attend a meeting with the Case Manager and the Executive Director to discuss what occurred, why it occurred, and preventive action steps.
 - c.
3. Third Offense
 - a. Receive a written warning.
 - b. Attend a meeting with the Case Manager and the Executive Director to discuss what occurred, why it occurred, and preventive action steps.
 - c. Placed on a 30-day probation to evaluate if he/she/they can remain in the program.
 - i. A repeat offense would result in termination.

Major level 1 Infractions: Physical intimidation, threatening language, bullying; Prescribed medications not kept in an individual locked box in the program participant's own room; Having guests in the house or on the property outside the visiting hours; Having guests in spaces not accessible to guests.

1. First Offense
 - a. Receive a written warning.
 - b. Attend a meeting with the Case Manager to discuss what occurred, why it occurred, and preventive action steps.
2. Second Offense
 - a. Receive a written warning.
 - b. Attend a meeting with Case Manager and Executive Director to discuss what occurred, why it occurred, and preventive action steps.
3. Third Offense
 - a. Termination

Major level 2 Infractions: smoking or vaping in the house

1. First Offense
 - a. Receive a written warning.
 - b. Attend meeting with Case Manager and Executive Director to discuss what occurred, why it occurred, and preventive action steps.
2. Second Offense
 - a. Termination

Infractions Warranting Immediate Termination

1. Drug and/or alcohol use on the property
2. Physical violence or any other kind of violence toward other participants, visitors, or staff
3. Engaging in any unlawful activity, including but not limited to:
 - a. Using, distributing, or possessing illegal drugs
 - b. Theft
 - c. Illegal gambling
 - d. Prostitution
4. Use or possession of firearms or weapons of any kind in any Harbor Homes property or grounds.



**Life Skills & Congregate Housing Programs
INTERVIEW QUESTIONS**

1. Harbor Homes is a life skills educational program with housing. The Case Manger provides help with daily tasks such as planning and preparing meals, shopping, budgeting, and paying program fees on time. The Case Manager also provides opportunities to set goals that support movement toward greater self-sufficiency. How do you see life skills education helping you? Do you have any life skills goals you would like to work on?

2. Are you currently homeless or at imminent risk of becoming homeless? _____ Yes _____ No

Explain: _____

2. What are your sources of income? What is your plan to pay the \$450 a month for housing?

3. Do you have any concerns about living in a congregate house where you will share common areas? _____ Yes _____ No

4. How do you handle conflict?

5. Weekly house meetings are offered to discuss the program and any concerns/goals & objectives. It is a time when program participants can discuss concerns, problems, or ideas for the house and work collaboratively to find solutions.

Do you foresee any hindrances to the expectation of participating in house meetings? _____ Yes
_____ No

6. It is important for Harbor Homes to be a good neighbor. To accomplish this, interior and exterior chores are mandatory for all program participants. What skills do you offer?

9. Have you had a SUD or alcohol addiction? _____ Yes _____ No

* If so, how long have you been sober/drug free? _____

* What supports do you have for maintaining your sobriety? (i.e., meetings, counseling)

10. Do you have a mental health history (including anxiety, depression)? _____ Yes _____ No

* For how long have you been actively seeing a provider?

* What supports do you have for maintaining your mental health?

11. Do you have any pending legal issues? _____ Yes _____ No

Explain. _____

12. Do you have any other comments or questions regarding the program?





Harbor Homes
Martha's Vineyard

Application for Life Skills & Congregate Housing Program

Name _____ Social Security # _____

Mailing Address _____

Present Address _____ Type of Dwelling _____

City/State/Zip _____ Telephone # _____

Email _____

Date of Birth _____ Gender (specify) _____ Veteran ___yes___no

Current Living Situation: (check one) homeless _____ other _____ (please describe)

FINANCIAL INFORMATION

Gross Monthly Income: \$ _____

Source of Income: _____

Do you have health insurance? _____ yes _____ no

If Yes – Name of Insurance

____ Medicare _____ Mass Health _____ other: _____

Wages \$ _____ /month SSI \$ _____ /month SSDI \$ _____ /month

Unemployment \$ _____/week Food Stamps \$ _____/month EAEDC \$ _____

Other, please explain: _____

ASSETS

Do you have bank account(s)? Yes ____ No _____

Checking \$ _____ Name of Bank _____

Savings \$ _____ Name of Bank _____ Do

you own a vehicle? Yes ____ No ____

Is it registered? Yes ____ No ____ If yes, registration # _____

Make _____ Year _____ Value \$ _____

HOUSING HISTORY

For informational purposes only. Please provide as much information as possible about your housing history, for the last two years.

Present Address _____

Type of Dwelling _____

Landlord _____ Telephone # _____

Dates of Residency from _____ to _____

Reason for Leaving _____

Previous Address _____

Type of Dwelling _____

Landlord _____ Telephone # _____

Dates of Residency from _____ to _____

Reason for Leaving _____

(If history includes living with family/friend, please explain, when and where.)

LEGAL HISTORY

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, Type of Offense _____ Are you required to register as a sex offender? ___ Yes ___ No

Are you on Probation? Yes _____ No _____.

Do you have a Pending court case? Yes _____ No _____.

If yes, please explain. _____

Do you have an outstanding warrant? Yes _____ No _____.

If yes, please explain. _____

REFERENCES

Please provide contact information for 2 individuals who have known you for at least the past 2 years and who agree to be contacted as a reference.

Name: _____

Address: _____

Relationship: _____

Phone # _____

Email _____

Name: _____

Address: _____

Relationship: _____

Phone # _____

Email _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that only completed applications will be considered for life skills and congregate housing program participation.

I certify that all the information provided in this application is true, correct, and complete, to the best of my knowledge.

I understand that any false information may be cause for disqualification and/or termination as a program participant of Harbor Homes of MV.

I understand that as a part of the final screening of all applicants Criminal Offender Records Information (CORI) will be checked.

Applicant's Signature

Date