



SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION

SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE TRANSITIONAL HOUSING APPLICATION



RIVERSIDE HOUSE
(SITE #1)

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JACKSON, TN 38301

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INTRODUCTION

Thank you for considering our facility as your new home. Founded in 2013, Second Chance “New Beginnings” Halfway House (SCNBHH) offers men an opportunity to learn and to practice recovery skills in a supportive environment. Staff and mentors can guide and assist men suffering with alcohol and drug addiction to develop ways to live a sober lifestyle.

SCNBHH provides transitional housing for men and promotes a safe, structured, and sober environment to aid in the development of a healthy, addiction-free lifestyle. Our goal is to encourage an environment of mutual respect, in which consideration for the feelings, needs, and rights of others is fostered. SCNBHH’s mission and purpose is to assist, to provide structure, and to love all, regardless of their personal or religious beliefs.

The transitional housing program plays an important role in supporting reentry and rehabilitation to society. Staff and mentors assist individuals being released from incarceration during a transition process into a supportive and productive lifestyle by establishing a living environment that is supportive of a successful life. When living in a sober environment, residents are surrounded by others who share a common experience and who all support one another as part of a group effort to be successful and transition to society.

SCNBHH’s program provides our residents with an environment where they can support one another to maintain their sobriety, to work towards a successful lifestyle, and to eventually transition to society. Residency in Second Chance’s facilities and the assistance available is a **privilege**, not a right, and residents are expected to respect the privilege of receiving the services offered.

In our facilities, men can learn about addiction and recovery. Men discover the ways in which power is lost, but also methods to regain that power. Men can practice new skills and different constructive approaches of managing life without alcohol, drugs, and other self-defeating behaviors; while doing all this, men can experience a life that is purposeful and safe.

There are only two (2) conditions that each man must meet to embrace these opportunities. First, meet the criteria for admission. Second, make a commitment to yourself to embrace a sober, healthy life and begin your journey by completing SCNBHH 60-Day transitional housing program. Change and success is yours, if only you choose to take it.



MISSION STATEMENT

The Second Chance "New Beginnings" Halfway Houses exist to provide guidance, mentorship, and structure to disadvantaged residents in a safe and nurturing environment.

CODE OF ETHICS

"We will not lie, steal, or tolerate those who do. We will be responsible and accountable for all our actions and respectful to others. We will demonstrate pride, loyalty, and honor in all that we do."

LETTER FROM THE PRESIDENT

A Note from the President in his own words:

Hello and Greetings,

Always striving to overcome life's challenges, I set my sights on assisting others: teaching them how to face life's challenges head on and how to remove the obstacles that impede success. Putting "GOD" first in my life gives me the strength and courage to move forward with this ideology. It is through my knowledge and experience that without GOD's help, we cannot prosper; I have had many challenges but with God I am an overcomer. Growing up in Jackson, TN, and being faced with many challenges, I can identify with the struggles of many of the people who are faced with the challenges of life as well. Being the recipient of help and encouragement along the way, I am reaching out to share my very own life's lessons by providing guidance to individuals that find themselves in similar difficult circumstances. I am deeply passionate about the organization and its ability to serve Jackson, TN, West, East and Middle Tennessee. Making a difference in one's life is my deepest desire and challenge. So, I tell you from one who knows trouble but has overcome many obstacles but together we can do this, and it will be done. We Can Do All Things Through Christ Who Strengthens Us! Be Blessed. "All things are possible to those who believe" You Can Do It! Thank you so much!

Sincerely,

Lamont Ingram, President/Founder



NEW BEGINNINGS PROGRAM DESIGN

Orientation – Day of admission for residents. The Operations Manager/Designee, at this time, will explain the expectations of Second Chance to the resident. Additional and/or missing information will be collected plus any signatures at this time.

“At-Bat” Phase – This phase of the program consists of a “10–Day Blackout Phase” in which residents are restricted from leaving the facility unless for scheduled appointments. The Blackout Phase continues for 10 business days (i.e., weekends do not count toward the total 10 days). During the Blackout Phase, residents are expected to learn program rules, maintain dietary awareness, perform memorization tasks, and to develop self-awareness, fitness goals, and communication skills. Residents should also come to understand consequences and behavior norms that will set the pace for the program. If a resident is not able to conform, he may either be discharged or referred to TDOC/BOPP for further actions.

“First Base” Phase – This phase of program is approximately 25 days. During this phase, the resident shall begin working on his life goals, which will be a key tool in his progress in this program. Staff will teach and build residents to be positive and productive in their lives. In this phase, the resident will be allowed to go out into the community and perform daily job searches. Resident should continue to refine his short- and long-term goals. Resident will be responsible for maintaining his positive behavior and working toward finding viable home options.

“Second Base” Phase - The second phase of program is approximately 25 days. During this phase, resident continues to work on his life goals, begin contacting mentors, begin community service projects (if legally allowed), engage in leadership roles, and place focus on practicing lessons learned at Second Chance to dream and plan for a different life upon discharge. In this phase the residents are expected to be leaders, have positive out looks toward their future and may represent themselves, their peers and SECOND CHANCE in public, such as community service



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work, volunteer work etc. At the end of phase residents will continue working toward securing housing and a job with the help of staff. In this phase you are allowed ONE (1) 24-hour pass.

“Third Base” Phase - This phase of the program is approximately 25 days. Once a resident has entered the “Third Base” Phase, he has completed the 60-day program and may transition to his home plan upon approval by his parole officer. However, a resident may reside for an additional thirty (30) days after program completion contingent upon approval of a 30-Day RHP extension or some other means to fund the resident’s continued tenancy. During this phase, resident establishes clearly defined life goals and submits a written plan of action to meet each goal. In this phase, the resident is required to submit a finalized home plan to his parole officer and Second Chance staff. The resident is also required to find verifiable employment and provide proof of employment to his parole officer and Second Chance staff. The resident is held accountable and is solely responsible for handling his own affairs to secure housing and employment. During this phase, the resident is allowed ONE (1) 48-hour pass.

“Home” Base – This is the day that the resident transitions from his stay at Second Chance to his approved home plan. The resident is now ready to meet the challenges of reintegration with a positive mindset.

I agree to complete the entire 60-day program without exception. *Resident Initials*_____

Resident Signature

Date

Resident (or Authorized Designee) Signature

Date



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GENERAL INFORMATION

_____ Name (Last, First MI)	_____ TDOC #	_____ Facility	_____ Case Manager
_____ DOB	_____ Place of Birth	_____ SSN	_____ State ID #

EMERGENCY CONTACT INFORMATION

Primary Contact

_____ Name (Last, First MI)	_____ Relationship	_____ Phone #
--------------------------------	-----------------------	------------------

Address _____
Address (Street, P.O. Box, etc...)

Address (Apt #, Building #, etc..)

City State Zipcode

Secondary Contact

_____ Name (Last, First MI)	_____ Relationship	_____ Phone #
--------------------------------	-----------------------	------------------

Address _____
Address (Street, P.O. Box, etc...)

Address (Apt #, Building #, etc..)

City State Zipcode



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FINANCIAL INFORMATION

Do you have any financial obligations? YES NO

If YES, please describe: _____

Do you have any financial resources/assets? YES NO

If YES, please describe: _____

FAMILY INFORMATION

Marital Status (Check ONE)

- Single
- Married
- Divorced
- Widowed

Do you have any children?

- YES, # of Children _____
- NO

Current Contact

(Check ALL that apply)

- Spouse/Significant Other
- Children
- Parents/Other Family

MEDICAL INFORMATION

Have you ever been diagnosed for any health problems? YES NO

If YES, describe health issue(s) and treatment(s) below:

Do you have handicaps, health problems, or disabilities that would prevent you from working?

YES NO

If YES, describe health problem(s) and treatment(s) below:



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ALCOHOL/DRUG HISTORY

Have you ever had problems with alcohol or drug use? **YES** **NO**

Have you ever attended programs or received treatments for alcohol or drug addictions?

YES **NO**

If **YES**, describe alcohol/drug issue(s) and/or treatment(s) below:

At what age did you first start using alcohol/drugs? _____

What is your primary drug of choice? _____

List all primary drugs that you have used in the past.

CONVICTION RECORD

At what age did you commit your first offense? _____

List all prior adult arrest(s), charge(s), and conviction(s), starting from most recent to oldest. Include the year of conviction, if known.

Arrest/Charge/Conviction	Year of Conviction
(1) _____	_____
(2) _____	_____
(3) _____	_____

How many years have you spent in total in prison during your adult life? _____

Are you a sex offender*? **YES** **NO**

*If **YES**, please understand the designation of sex offender **DOES NOT** disqualify you from being in this program. In fact, our program is one of few in the state that will accept more than two (2) sex offenders at the same time.



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MISCELLANEOUS INFORMATION

Do you have personal hobbies?

YES

NO

If YES, describe below:

Have you established any personal goals upon release?

YES

NO

If YES, describe below:

RESIDENT APPLICATION AGREEMENT

By signing below, I attest that the above information provided is true and accurate to the best of my knowledge. Second Chance does not discriminate in the selection of applicants based solely on gender, race or religious conviction.

Signature of Applicant

Date

President (or Authorized Designee) Signature

Date



MEDICAL/MENTAL HEALTH SURVEY

Due to the confidential nature of this medical information and in accordance with HIPPA laws, this document should be completed by a medical professional and accompanied by a signed Release of Medical Information Form from the medical provider.

Patient Name: _____ TOMIS # _____

Name of Medical Professional _____

Does the applicant/offender have any current medical/mental health problems? YES NO

If YES, describe current diagnosis below:

Does the applicant/offender have any previous medical/mental health problems? YES NO

If YES, describe previous diagnosis below:

Is the applicant/offender receiving any currently prescribed medications? YES NO

If YES, list the medications and dosage amounts below:

Does the applicant/offender have any allergies (e.g., food, insects, etc...)? YES NO

If YES, describe in detail below:



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Does the applicant/offender require oxygen?

YES **NO**

If **YES**, describe oxygen requirements below:

Is the applicant/offender HIV positive?

YES **NO**

If **YES**, describe medications and/or treatments below:

Does the applicant/offender have a current TB test result or TB screening*?

YES **NO**

If **YES**, attach a copy of the test/screening. If **NO**, describe reason for lack of test/screening:

By signing below, I hereby authorize my current medical team to release this above information to Second Chance.

Signature of Medical Staff

Date

Signature of Applicant/Offender for Release of Information

Date

Completed medical forms should be mailed or faxed to:

Second Chance Halfway House
Attention: Operations Manager
437 Riverside Drive
Jackson, TN 38301
Fax #: (731) 300 - 0259



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SECOND CHANCE AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the individual/agency below to release
Name of Offender
the records to Second Chance.

Name of Individual/Agency/Facility

Phone Number

Fax Number

By placing my initials by each description, I hereby authorize the release of the following specific information:

- 1. _____ Disciplinary record, recommendation by parole board (if incarcerated)
- 2. _____ Emergency contact information
- 3. _____ Medical History: examination, laboratory tests, treatment reports, and psychiatric evaluation reports
- 4. _____ Social History: data including family, education, employment, arrest, and alcohol/drug use information
- 5. _____ Summary of previous mental health and/or alcohol /drug progress
- 6. _____ Admissions/Discharge dates and reports of current treatment progress
- 7. _____ Photographs and/or videos to be used by agency for promotional
- 8. _____ material I release all the above

By initialing below, I understand that this information will be used for the following specific purposes:

- 1. _____ To develop a diagnosis, treatment, and rehabilitation plan
- 2. _____ To coordinate medical, psychological, and social rehabilitation
- 3. _____ To advise family and/or referring agency of my progress
- 4. _____ Other (Please specify) _____

I understand no information may be disclosed by either agency to any other individual or agency unless by written consent. This consent is subject to revocation by the applicant at any time, and it expires one (1) year after it is signed unless an earlier date is specified. This consent for release of information is given freely, voluntarily, and without coercion.

Signature of Applicant

Date

Signature of Staff

Date



TRANSITIONAL HOUSING FEES FOR RESIDENCY

If you qualify for the Reentry Housing Program (RHP), Second Chance “New Beginnings” Halfway House will waive the nonrefundable deposit. A resident’s transitional housing fees (if paid through RHP funds) are paid on a day-by-day basis (at a rate of \$19 per day). RHP can cover up to sixty (60) days. However, Second Chance is only reimbursed for the days you physically reside at halfway house because of the “head-in-bed” policy adopted by the Reentry Housing Program. Residents may request a 30-Day RHP Extension after the initial sixty (60) days; however, the extension request is not guaranteed. All RHP extensions requests are reviewed and given final approval or denial by the Tennessee Department of Corrections (TDOC).

If you do not qualify for RHP funds, Second Chance “New Beginnings” Halfway House will require a \$300 nonrefundable deposit to reserve a bed at Second Chance¹. Second Chance will also assess transitional housing fees in the amount of \$700 per month. This fee will include room and board, utilities, cable, house phone, and washer and dryer services. Compared to local cost of living rates, Second Chance transitional housing fees are competitive, especially when you consider that many housing providers in the local area will not rent or lease to formerly incarcerated individuals. See the table below for a price comparison:

Cost	Second Chance (Monthly)	Local Rates (Monthly)
Housing	\$700	\$515 (1 Bedroom)
Utilities	Included	\$130
Phone	Included	\$120
Cable	Included	\$100
Food Cost²	Funded by SNAP Benefits	\$350
Laundry Service	Included	\$50
Total Cost	\$700	\$1265

Sourced from:

https://www.bestplaces.net/cost_of_living/city/tennessee/jackson

<https://www.payscale.com/cost-of-living-calculator/Tennessee-Jackson>

NOTE: Once you are employed, receive SSI/SSDI benefits, or exhaust your RHP funds, your RHP funds will be cancelled, and you must pay rent to remain at the Second Chance Halfway House.

¹ If you are due a reimbursement for any transitional housing fees, there will be a \$200 administrative fee to process paperwork and reimbursement fees.

² Every resident will be required to apply for SNAP Benefits (formerly Food Stamps) during the intake process. If a resident does not qualify for SNAP Benefits, he will still receive three meals per day.



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PAYING MONTHLY RENT

Monthly rent fees are due on the 1st of every month. If the monthly rent is not paid in full by the 5th of the month, a late fee of \$20.00 will be added.

PAYING WEEKLY RENT

Weekly rent fees are due each Friday by 2:00 p.m. If you are delinquent in paying your weekly rent, a late fee of \$5 per week will be added the following Monday if not paid on preceding Friday.

WAYS TO PAY RENT

You can pay your rent with money order, cashier’s check, or cash at the main office. Please make money order or cashier’s check payable Lamont Ingram Developmental Organization for At-Risk Children. No personal checks will be accepted.

REASONS FOR EVICTION

A delinquency of \$300 or more is a cause for eviction from Second Chance. Should a resident become delinquent after gaining employment, he or she may request to be heard by the Second Chance Quality Management Committee. The committee will decide based on the individual’s circumstances.

TRANSITION FROM SECOND CHANCE

When possible, residents should give two (2) weeks’ notice when moving from Second Chance. All personal property must be removed at the time of vacating. Any property left over 24– hours after vacating will become the property of Second Chance or be thrown away unless other arrangements are made and agreed to by Second Chance administration.

The rules and regulations are subject to change at any time and without advance notice.

By signing below, I agree to all the above terms and conditions, any violation of them gives Second Chance the right to evict immediately. Any breach of this contract or noncompliance of these rules and regulations could result in the notification to my parole/ probation officer.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



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MEAL SERVICES

As part of Second Chance policy, each resident will have an opportunity to apply for the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) during the intake process. All qualified applicants will be required to remit 80% of the first month’s SNAP installment to help pay for the resident’s three meals a day. For each month thereafter, Second Chance “New Beginnings” Halfway House will require SNAP benefits in the amount of \$150 per month for each month that the resident is living at the halfway house. Any remaining monthly balance on the resident’s EBT card is his to spend at the resident’s discretion. However, any food purchased for the personal use of the resident must be stored properly according to the rules regarding food safety. All food items must have the resident’s name and date of purchase on the packaging. Food items stored in the resident’s sleeping area must be nonperishable and kept in a sealed container. No open containers, empty food wrappers, or half-eaten food will be allowed in or near the sleeping area. Cold storage and perishable food items may be stored in the refrigerator designated for residents. Refrigerators will be checked weekly for out-of-date items. All expired food will be disposed of without exception.

For a perspective on food cost for the halfway house, the following is the average meal cost for the local area:

At \$150 per month, the resident is paying approximately \$5 per day for his three meals. According to the recent data on local meal planning, the average meal cost per day is:

Breakfast: \$7.50 per day

Lunch: \$11.00 per day

Dinner: \$8.50 per day

Total: \$27.00 per day

Sourced: <https://www.numbeo.com/cost-of-living/in/Jackson-TN>

While the resident does contribute toward overall food costs through SNAP benefits, it does not cover the total cost for his three meals per day. If you look at the numbers, \$150 will pay for approximately six (6) days of meals. Second Chance funds the remaining monthly balance (3 weeks of meals) to provide three meals per day to each resident.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



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ADMISSION PROCEDURE

The Administrator or designee addresses all requests for residency. Candidates will be screened for appropriateness. If deemed appropriate candidates will sign releases and receive a Resident Handbook. Residents will be assigned living areas without regard to race, religion, creed, economic status or national origin. Second Chance also does not discriminate based on the following areas:

1. Gender
2. Age
3. Commitment to Recovery
4. Meeting Criteria for Transitional Housing
5. Lack of Supportive Environment
6. Willingness to Obtain Gainful and Maintain Stable Employment
7. Commitment to Accountability and Responsibility

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

10 DAY BLACKOUT RESTRICTION

Regardless of any halfway house mandate by the Tennessee Department of Parole you are not to leave the grounds until you have completed 10 BUSINESS-DAYS of observations (Blackout) and adjustment to your new environment. Weekends **DO NOT** count toward the 10-day total.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

MAIL CONFIDENTIALITY POLICY

Mail will be checked between the hours of 12:00 pm and 2:30 pm. Second Chance Staff or designee are the only people allowed to put mail into the mailbox or check mail out of the mailbox. Mail will neither be inspected nor opened by Second Chance staff unless there is a cause to do so. Any packages that arrive at the facility must be opened in front of staff and searched to verify that no contraband items are in the box.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

PERSONAL SEARCH POLICY

You and your personal belongings will be searched after you return from all outings. You are to report to the front office door to be checked and signed in.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



WALK-THRU POLICY

While Second Chance respects an individual’s rights to privacy, the program also has a responsibility to provide a safe and drug free environment. Second Chance asserts the rights to perform walk through assessments to ensure cleanliness and safety. These assessments may include a walk thru by drug detecting canines.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

URINE DRUG SCREEN POLICY

Urine drug screens may be taken randomly and for cause. Request for urine/drug screens is solely at the discretion of the staff of Second Chance. Urine drug screens results will be reviewed by the Administrative staff to determine disposition. Positive urine drug screens may result in immediate dismissal and may be reported to the appropriate criminal justice agencies/ representatives (e.g., probation or parole officers) and/or appropriate social service agencies (e.g., DCS/DHS). If lab testing is required to take a drug test, it must be done within 24 hours.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

DRESS CODE POLICY

As a resident of Second Chance, you are not to wear sagging clothing or clothing with slogans, statements, or images that promote drugs, alcohol, violence, brutality, sex, or intolerance of any person(s) or groups of persons. All clothing is always to be worn in such a manner to cover all private body parts, including sleep. Shirts must be always worn. Residents will dress appropriately for public outings, interviews, or appointments.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date

PRIVATELY-OWNED VEHICLES POLICY

Residents who wish to keep personal vehicles on Second Chance property must have a valid driver’s license, registration for the vehicle, and proof of full coverage insurance. NO EXCEPTIONS! Vehicle use will be determined by the Board and President of Second Chance. You must fill out a transportation and mileage report every time your vehicle moves. Not doing so will result in termination of your vehicle privileges. NO EXCEPTIONS!

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



SECOND CHANCE HOUSE RULES

Initial each item to indicate you understand and agree to the terms.

1. _____ The curfew is 5:30 PM. All residents are to arrive at the facility before that time and remain at the facility until the following day. Exceptions include: TDOC appointments scheduled for after 5:30 PM or work schedules that extend beyond curfew. Residents must notify House Mayor of the need to out of the facility past curfew.
2. _____ Upon returning to the facility, all residents and their belongings will be searched. **NO EXCEPTIONS!** Failure to abide by the search policy can result in assessed disciplinary points or possible eviction.
3. _____ SCNBHH approval of overnight pass requests are based on a resident's program level, participation in the program, accrued disciplinary points, current employment status, and rent balances. On 2nd Base, a resident may request ONE (1) 24-hour pass. On 3rd Base, a resident may request ONE (1) 48-hour pass. If resident remains beyond the initial 90-Day period, pass requests are made on an as-needed basis. Passes are not guaranteed. Pass request will be reviewed by the Operations Manager and approved by the President on an individual basis. No pass will be approved without the written consent of the resident's BOPP Officer.
4. _____ New residents are restricted to the house for the first 10 business days unless going to scheduled and approved appointments (e.g., parole/probation appointments). This is the Blackout Phase and weekends do not count toward the 10 business days.
5. _____ All job searches must be documented with a contact person and phone number, without exception! Job searches are done every day, except weekends, and you must have a job search form filled out.
6. _____ When requested, each resident must sign a release of information for Second Chance to contact prospective employer.
7. _____ Each resident must work a minimum of 30 hours per week.
8. _____ Beds are to be made upon rising and are to remain made until bedtime. No lying on
9. _____ bed. Laying down and/or sleeping on couches and other furniture in common area is prohibited.
10. _____ All clients must do daily assigned chores in a timely manner
11. _____ Common areas such as kitchen, living room, and bathroom should be cleaned after use.



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12. _____ Personal living space is to be kept clean and free from clutter.
13. _____ Smoking is only permitted outside in designated smoking area twenty (20) feet from the building. NO SMOKING inside the building is allowed.
14. _____ Visitors are strictly prohibited in the house.
15. _____ No resident may answer the phone for any reason. NO EXCEPTIONS!!
16. _____ Once your 10-day Blackout Phase is completed, you may have a cell phone. Phones are not to be used in a manner that will violate the rules and conditions of your parole or the facility of Second Chance. No cell phones will be allowed in the facility unless recommended by Management and then approved by the President. NO EXCEPTIONS!! To protect resident confidentiality and reduce in-house noise, you are not allowed to talk on your cellphone, take pictures, or use video facetime inside of the facility. You may do so outside of the facility after 6:00 AM until lights out.
17. _____ You are required to make three (3) AA/NA meetings every week for the last 60 days after the Blackout Phase is complete. Intensive Outpatient Programs (IOP) can be arranged through Pathways for those who cannot travel by local transportation.
18. _____ All prescription medications must be reviewed and approved by Second Chance Quality Control Committee or Designee. You will be given a lock box to keep your medication and a key (the staff will also have a key). Your lock box will be checked randomly for misuse. All food items, not kept in the refrigerator, must be kept in a sealed container. Please put your name and date on food.
19. _____
20. _____ All residents will respect the confidentiality of other residents. Failure to do so may result in assessed disciplinary points or possible eviction.
21. _____ understand that I must abide by the point system and that if I reach 12 points in the 60-day period, I may be discharged from the program. NO EXCEPTIONS!!
22. _____ If the resident finds a job or begins to receive monthly government benefits (e.g., SSI or SSDI), the resident's Reentry Housing Program (RHP) funds will be cancelled. When the resident receives his first check or direct deposit funds, resident will be required to pay rent in the amount of \$175 dollars per week or \$700 per month. If you receive SSI/SSDI payments less than \$700, talk to the President to come to an agreement.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



REASONS FOR EVICTION NOTICE AND/OR IMMEDIATE DISCHARGE

Any of the following are grounds for immediate eviction from Second Chance:

1. Violating confidentiality of other residents at Second Chance
2. Threatening anyone, violence, fighting, aggressive behavior, instigating conflict, and discord with other residents
3. Gambling, extortion, or otherwise manipulations of residents or staff for monetary gain
4. Having unauthorized visitors on Second Chance property
5. Candle burning, incense burning in the bedrooms
6. Using anything with a heating element in the bedroom (space heaters, hot plates, etc.)
7. Adversely affecting this facility's relationship with any temporary employment, TDOC, BOPP, or other government agency.
8. Non-compliance in individual transitional/home plan
9. Theft of anything anywhere
10. Failing a drug screen anywhere or anytime and refusing to take one
11. Possession, use, or distribution of illegal drugs, drug paraphernalia, alcoholic beverages, weapons and/or ammunition
12. Being fired from a job
13. Instigating conflict and discord with other residents or between the facility and TDOC/BOPP
14. Not using the traffic log as described in detail above
15. Non-Compliance with any house rules or aspects of your probation/parole
16. Being under the influence and/or intoxicated by alcohol or drugs as a resident of Second Chance
17. Positive (+) urine drug screen or refusal to take urine drug screen
18. All residents will be in the house before 5:30 PM. No one will open the door after lights out, except by approval of staff
19. Fraternizing in any manner with any resident/staff member
20. Establishing any new relationships while in transition
21. Unauthorized cell phone use and/or misuse of the cell phone policy.
22. Exceeding the allocated number of disciplinary points to remain in compliance.

My signature below indicates I have read or had read to me the above rules for eviction. I have had been given the opportunity to ask questions and have had my questions answered.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



MEDICAL CONFIDENTIALITY POLICY

Purpose: The rights of the person served adhere to all applicable federal, state/provincial laws and regulations with respect to confidentiality and human rights.

Policy: All persons served thru LIDO of Jackson, TN, which includes all programs under its umbrella, such as Second Chance Developmental Treatment Center, Second Chance or Second Chance Transitional House, will be protected under Federal, State/Provincial Confidentiality laws and regulations.

Procedure: Upon admission to Second Chance persons served are asked to sign the appropriate Release of information depending on the person's medical, legal, community, employment, payer, and/or financial needs that assist in the treatment process. Once admitted, the assigned counselor is responsible for coordinating and obtaining client's written consent if other communication or transmission of information is deemed necessary during the client's treatment. A Consent for the release of information must be signed by the client for each person or organization which information is transmitted. Only one release is needed for each person or organization.

Client's Medical Record and Confidentiality: All information contained in the client's record is kept on a strictly confidential basis according to the guidelines in Tennessee Code Annotated 33-813 in conformity with Federal Rules and Regulations. All records are in locked files. No client shall have access to clinical records except for his or her individual files.

Each program staff member is instructed concerning the necessity of strict client confidentiality. A Release of Information Form will be signed by the client so that outside agencies may obtain information with the exception as outlined in Tennessee Code Annotated 33-813. No information on the financial or family situations of the client shall be discussed in the presence of other clients. All information concerning individual clients will be held in strictest confidence. No research of any kind will be conducted by this agency or by any staff member thereof. No client will be required to make public statements which acknowledge gratitude to the agency or its services. No identifiable photographs will be used without written and signed consent of the client or guardian. Information regarding you and your family will NOT be released to anyone without consent for release of information form signed. Clients must not be required to perform in public gatherings.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



SECOND CHANCE CLIENT RIGHTS

Residents of SECOND CHANCE have the right to the following:

- 1) The right to be treated with consideration, respect, and full recognition of the dignity and individually.
- 2) The right to be protected by the facility from neglect from physical, verbal and emotional abuse (including corporal punishment) and from all forms of exploitation.
- 3) The right to enjoy freedom of thought, conscience and religion
- 4) The right to be included in meetings and services provided which affect their life
- 5) The right to receive adequate and appropriate food, clothing and shelter
- 6) The right to live in a clean, safe environment
- 7) The right to accept or reject the program on a voluntary basis.
- 8) The right to meet with counselor at any time during intermediate, outreach, or the aftercare treatment period.
- 9) The right to request any special services for which he may be eligible and are not directly provided by the program.
- 10) The right to transportation when in the response to a legitimate need and within the realm of Second Chance Halfway house (New Beginnings) ability to provide such transportation.
- 11) The right to request assistance in seeking adequate employment.
- 12) The right to express his views regarding his treatment and/or program procedures.
- 13) The right to family counseling when needed or desired.
- 14) The right to progress review with the counselor.
- 15) The right to receive a written and verbal explanation of these rights as well as the grievance procedure for redress upon admission to the program.
- 16) The right to complete confidentiality, which will be honored by all staff persons, except in those instances that the client has expressly provided written authorization to disclose information and then only to those persons authorized by the client to receive that information. (As specified statutes. Currently TCA 33-3-104 <10> and 42 Code of Federal Regulations Part 2.
- 17) The right to equality of treatment regardless of race, color, religion, age, national origin or ancestry, handicap, or sexual preference.
- 18) The right to receive mail and small parcels unopened and available daily as received. If the staff suspects that any parcel may contain contraband or harmful material, you may be required to open that parcel in the presence of staff.
- 19) The right to be assisted by staff in the exercise of individual civil rights.



**SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

- 20) The right to retain and use personal clothing and possessions including books, pictures, games, toys, arts and crafts material, religious articles, toiletries, jewelry and letters/ Because of the close confinement of bedrooms, we specifically limit the use of personal radios, tape players during a resident's involvement at the center. Individual rights and the use of such articles may not interfere with another resident's right to due peace and privacy. The use of toilet articles which contain alcohol, or which are known to contain abusable substances will be retained by the residential staff and made available as needed.
- 21) The right to associate and communicate privately with persons of choice including, receiving visitors at reasonable hours established by the facility, so as not to interfere with the rights of other residents, nor impair the orderly operation of the center. Hours normally allowed for visitation are specified in the admission agreement and declaration of house rules.
- 22) To have information about client and family handled confidentially
- 23) To voice grievances to staff and to outside representatives of their choice with freedom from restraint, interference, coercion or reprisal.
- 24) To participate in the development of their individual program plans and to receive sufficient information about proposed and alternative interventions and program goals that will enable them to participate effectively
- 25) To be allowed privacy and freedom for the use of the bathroom at all hours.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



**SECOND CHANCE “NEW BEGINNINGS” HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

EQUAL OPPORTUNITY

IS THE LAW IN TENNESSEE

The Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights, and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.

“No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Included under National Origin is discrimination based on a person’s inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or “LEP.” These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

All programs and operations of entities that receive assistance from the federal government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of Second Chance Halfway house (New Beginnings) as well as other agencies, organizations, institutions, and contractors providing services with state support understand what the law requires.

Any person who applies for or receives any benefit or service provided by (LIDO) may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.

Complaints must be filed in writing with the Title VI representative of the location of the alleged discrimination (LIDO); or with the appropriate regional or central office of the Department of Mental Health and Substance Abuse Services; or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323.

(Second Chance Halfway house (New Beginnings) does not, because of race, color, or national origin:

1. Deny and individual any services, opportunity, or other benefit for which he is otherwise qualified.
2. Provide any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program.
3. Subject any individual to segregated or separate treatment in any manner related to his/her receipt of service.
4. Restrict an individual in any way in the employment of services, facilities or any other advantage, privilege or other advantage, privilege or other benefit provided to others under the program;
5. Adopt methods of administration which would limit participation by any group of recipients or subject them to discrimination.
6. Address an individual in a manner that denotes inferiority because of race, color, or national origin.

For further information, contact (LIDO) Title VI Coordinator: (Lamont Ingram (437 Riverside dr. Jackson, TN, 38301 (1-731-736-1109)

Service Recipient's Printed Name	Service Recipient's Signature	Date

Staff Printed Name	Staff Signature	Date



**SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

PROGRAM AFTERCARE

Our 60-day program consists of a structured environment primarily for men coming out of incarceration or drug treatment and is approved by the Tennessee Board of Probation & Parole as a transitional living facility. To continue Reentry Participation and/or continue residing at Second Chance as a self-pay resident you must adhere to the following:

- 1) **You must complete the entire 60-day program per TDOC housing rules and requirements.**
- 2) **Follow all aspects of your supervision.**
- 3) **Be actively seeking verifiable employment or enrolled in a job readiness program if not employed.**
- 4) **Follow the rules and regulations of the housing provider.**
- 5) **Remain at the original housing provider placement unless good cause can be shown to transfer programs and written permission is given by the supervising Probation Officer and his/her manager/supervisor.**

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



**SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

APPLICANT CHECKLIST

After you have read each policy, place your initial under the APPLICANT INITIALS column as final acceptance and understanding of each policy or procedure. Questions concerning specific policy or procedures can be addressed at intake.

STAFF INITIALS	POLICY/PROCEDURE	APPLICANT INITIALS
	TRANSITIONAL HOUSING FEES FOR RESIDENCY	
	MEAL SERVICES	
	ADMISSION PROCEDURE	
	10-DAY BLACKOUT RESTRICTION	
	MAIL CONFIDENTIALITY POLICY	
	PERSONAL SEARCH POLICY	
	WALK THRU POLICY	
	URINE DRUG SCREEN POLICY	
	DRESS CODE POLICY	
	PRIVATELY-OWNED VEHICLES POLICY	
	PERSONAL CELLPHONE POLICY	
	GRIEVANCE POLICY	
	RESIDENT EMPLOYMENT POLICY	
	VISITATION POLICY	
	MEDICATION POLICY	
	SMOKING POLICY	
	BEDROOMS/SLEEPING AREA POLICY	
	SAFETY AND SECURITY POLICY	
	TRANSPORTATION LOG POLICY	
	PASSES AND TRANSPORTATION REQUESTS POLICY	
	EMERGENCY PROCEDURES	
	HOUSE RULES	
	REASONS FOR EVICTION	
	MEDICAL CONFIDENTIALITY POLICY	
	CLIENT RIGHTS	
	EQUAL OPPORTUNITY	
	PROGRAM AFTERCARE	



**SECOND CHANCE “NEW BEGINNINGS” HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

FINAL ACCEPTANCE OF TERMS

I, _____, agree to follow the program, rules, and regulations as
Applicant's Printed Name
contained in this contract.

Upon release, I will report to Second Chance immediately and without delay. I also understand that it is ultimately my responsibility to ensure that Second Chance is notified of both my departure from my original facility and my arrival in Jackson (if resident is transported to the local bus terminal currently located at the MegaMart on Hwy 70). I also agree to abide by the guidelines set forth by the Tennessee Board of Probation & Parole and all Courts (If I am released on Parole/Probation or court ordered).

I furthermore give permission to Second Chance to review any information in the files kept on me by the Tennessee Department of Correction or by any other agency. I understand that Second Chance keeps this type of information confidential.

I agree to begin looking for employment as soon as my 10 BUSINESS-DAY “Blackout Phase” is over. I understand that if I fail to follow the rules of seeking employment and filling out the job search form, I am subject to immediate termination from the program and will leave the house immediately. I understand that Second Chance may inform my parole officer of my breach of contract.

Residents are encouraged to contribute ideas concerning the house and the way it is conducted to staff. All ideas shall be considered, and resident shall be notified of any changes or outcomes brought about by their idea.

Applicant Signature

Date

President (or Authorized Designee) Signature

Date



TITLE VI

POLICY AND PROCEDURES FOR INFORMING SERVICE RECIPIENTS OF TITLE VI

POLICY:

(LIDO) will take reasonable steps to ensure that all service recipients are notified at their initial contact of their right to receive equal treatment without discrimination based upon their race, color, national origin or having Limited English Proficiency (LEP). They will also be informed of their right to file a complaint and how to file a complaint should they feel discriminated against. *Refer to attached form.*

PROCEDURES:

1. Title VI will be noted on the agency website, brochures, and training events.
2. Title VI posters and brochures (in English and Spanish) will be publicly visible at all agency sites.
3. At the initial intake, the attached form will be explained to the service recipient, signed by the service recipient and staff, with a copy kept in the service recipient's chart (*Refer to attachment A*).
4. Upon completion of services, Title VI will be addressed in a Service Recipient's Satisfaction Survey (*Refer to attachment B*).

Date of P&P (07/01/2011, 08/31/2016)

Signed by

Authorizing Agency

Second Chance "New Beginnings" Halfway House

Authority's Printed Name,

Lamont Ingram, President/Founder



**SECOND CHANCE “NEW BEGINNINGS” HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

OVERVIEW

TIME FRAME	60-day program which includes a 10 BUSINESS -DAY (Blackout Phase) Restriction. Those with a star (*) and underlined apply at the beginning of program.
EMPLOYMENT	Resident is actively looking for employment
AA/NA MEETING*	Resident will attend AA/NA/CA meetings 6 days per week with meeting sheet filled out
RENT	Rent is \$700 dollars a month unless you are approved for the Reentry Housing Program (RHP). Please see Transitional Housing Fees Policy.
CHORES*	Residents will have daily chores Monday through Sunday unless approved to be on pass
PASSES	Residents may leave the facility based on rules specified in the pass policy.

WEEKLY REQUIREMENTS

MISSION	Stay alcohol and drug free while building a positive support group.
MEETING SHEETS	Put in meeting sheet mailbox by the front door by Sunday night for previous week.
MEETING ATTENDANCE	It is mandatory to attend meeting if you wish to continue living here at Second Chance Facility. <u>Meeting is not optional.</u> The chairperson must sign meeting sheets. While residing here: 6 meeting a week
HOUSE MEETING	There is a House Meeting every Thursday at 7:00 pm followed by AA/NA/CA meeting and/or Celebrate Recovery meeting. The secondary meeting counts as a meeting
DAILY CHORE	Please make sure to complete your chore on the assigned chore list daily by 8:00 AM and have staff mark it as completed. Bottom line: You are responsible for getting your chore done one way or another.
ROOM INSPECTION	Your room and/or sleeping area is to be always orderly and clean. Room and/or sleeping area inspections are performed randomly.
EMPLOYMENT	If you do not have a fulltime job you are expected to be up and of the facility by 8:00 am and back in by 5:30pm Monday –Friday in order to look for work. You must fill out the employment sheet and have it signed where you have been to look for employment, you may return for lunch if you sign up that you will be at lunch on the sign-up sheet.
CURFEW	While residing here at Second Chance facility, curfew is 5:30pm Monday – Sunday. You are to be in your room or sleeping area, not wandering around the building at all hours of the night.



**SECOND CHANCE "NEW BEGINNINGS" HALFWAY HOUSE
TRANSITIONAL HOUSING APPLICATION**

SIGN IN/OUT

Make sure you sign out every time you leave the premises and sign in when you get back. Be specific on destination and write entire first and last name and write so it can be read

RENT

If you are working, you are expected to pay \$23 dollars a day which includes utilities, washer and dryer, cable, house phone and 3 meals a day and access to microwave and at least \$25 on the back rent (if applicable) every Friday. There will be no exceptions to this unless you have arranged alternative payments with the President before the due date. If you cannot pay at all, you must talk to staff about it.

PASSES

You must have a full-time job, paying rent, approval from president and have completed all requirements of the program to go on pass. Request must be turned in each Thursday for coming weekend. If on probation/parole, you must have written permission from PO to go on pass. Passes will be determined by completing ALL weekly requirements.



HYGIENE AND HEALTH ITEMS

You may bring the following hygiene and health items to Second Chance:

Items	Amount	Description
Bath Towels	2	large, white only w/no designs or graphics
Wash cloths	4	white only w/no design or graphics
Toothpaste	1	
Toothbrush	1	
Toothbrush holder	1	
Soap	3	Bars
Lotion	1	bottle – plastic only
Soap container	1	plastic only
Shampoo	1	bottle – plastic only
Deodorant	2	dry type – no aerosol spray
Athletes Foot cream	1	
Chap stick	3	
Eyeglasses	1	prescription only w/1 eyeglass case
Toilet Paper	4	Rolls
Washing Powder	1	Box

It is recommended that you bring the following clothing and miscellaneous items to Second Chance:

Item	Amount	Description
Shirts	5	polo style (white and/or black)
Pants	5	khaki style (black and/or khaki)
Running Shoes	1 pair	athletic low top
Boots	1 pair	black commando style – NO steel toes
Socks	10 pair	white athletic type, no design or graphics
Underwear	10	men’s undergarments
Undershirts	6	white only – No design or graphics
Gray Sweatpants	2	2 pair (loose fit)
Gray Athletic Shorts	2	2 pair (loose fit)
Shower Shoes	1	1 pair flip flops
Bible	1	
Envelopes	1	envelope #10 size
Postage stamps	1	book of 20 stamps
Kiwi Shoe Polish	3	round tin, black