

# House Principles

Welcome to Interfaith House! This is a brief introduction to our Respite Center and to a few basic principles of Interfaith House. We ask you to sign and date the bottom of this page to indicate that you understand and accept these principles and wish to become a resident of Interfaith House.

1. All residents are here voluntarily. You are free to end your residency with us at any time.
2. Interfaith House is not a medical clinic and cannot be responsible for the medical care residents receive. The responsibility for your medical care lies both with you and the hospital or clinic that referred you here.
3. Residents in the Respite Center are here to recover from an illness or injury. You will follow the care plan prepared for you by the hospital or clinic that referred you here or those we refer you to. Your medical information will be shared with the staff at Interfaith House but will be kept confidential. If you have no income, Interfaith will provide transportation to your medical appointments by van or bus tokens. You may also receive a home health care nurse if your hospital or clinic made such arrangements.
4. Interfaith House will provide a safe place for residents to store their medicines. However, it is your responsibility to take your medicine as prescribed by your doctor. It is also your responsibility to follow your health care plan.
- \* 5. An Interfaith House Case Manager will assist you with public aid benefits, alcohol or drug abuse problems, mental illness, job training, housing or education. We are here to refer you appropriate shelter and other required services.
6. Residents are expected to participate in the programs offered at Interfaith House.
7. Interfaith House is based upon recognition of the dignity of each person. Accordingly, residents are expected to treat themselves, other residents, the staff, and the facility with respect.

S+5

I understand the above principles. By signing below I accept and agree to follow these principles while at Interfaith House:

\_\_\_\_\_  
Resident

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date