LADY D HOUSE

Independent Transitional Housing

Faith | Structure | Accountability | Compassion

Welcome & program overview

Restoring hope. Rebuilding lives. Moving toward independence.

Our purpose

Lady D House supports women as they rebuild stability and work toward permanent housing through faith, structure, accountability, and compassionate support.

We welcome housing inquiries from women experiencing homelessness or housing instability, including veterans, women returning from incarceration, survivors of domestic violence, and women in recovery. Placement depends on room availability and review of individual housing and support needs.

What residents can expect

Furnished rooms, utilities, high-speed Wi-Fi, on-site laundry, kitchen access with appliances and cookware, linens, towels, paper products, and laundry and dish detergent. Public transportation is accessible.

Residents provide their own food, beverages, and personal hygiene products. Tell staff about immediate supply or transportation needs.

Room options & length of stay

Semi-private/shared room: $700 per month. Private room: $1,000 per month. The individual placement period and payment terms are confirmed before move-in. Stays may be up to 24 months based on the agreed placement plan.

Support toward independence

Support and resource connections may include job search and interview preparation, education and training, budgeting, daily living skills, community services, and permanent-housing planning. Discuss specific services and availability during intake.

Complete this packet with staff or your referral professional. Contact Lady D House to arrange a private return method. An application does not reserve a room or guarantee acceptance.

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Resident information

Full legal name

Preferred name Date of birth

Safe phone number Email address

Safe contact method / best time to reach you

[ ] Voicemail is safe [ ] Text is safe [ ] Please discuss contact restrictions

Current living situation / reason housing is needed

Desired move-in date Room preference: shared / private / either

Transportation available or assistance needed

Daily living, accessibility, or accommodation needs to discuss

No Social Security number is requested. Share only information needed for housing placement; discuss sensitive details privately with staff.

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Emergency contacts & safety

Resident name

Primary emergency contact name / relationship

Primary phone Alternate phone

Secondary emergency contact name / relationship

Primary phone Alternate phone

Contact restrictions / people who should not be contacted

Optional safety or emergency-response information you want staff to know

Share only what would help staff respond safely, such as an allergy, communication need, or location of emergency information. This page is not a medical-record release.

In an emergency, call 911 first. Tell responders the home address and location of the emergency, then notify staff when safe. Staff will review exits and the meeting location during orientation.

Home address / evacuation meeting location / staff after-hours contact

I understand the contacts listed may be contacted when needed for my safety or an emergency, subject to the restrictions noted above.

Resident signature: _____ Date: _____

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Referral & support coordination

Referring agency or self-referral

Referral professional name / role

Phone Email

Reason for referral / placement timing

Community providers, appointments, or supports to coordinate

Probation/parole status and officer contact, if applicable

Work, supervision, or appointment scheduling requirements

Optional referral coordination permission

I allow Lady D House to contact the referral professional listed above about this housing inquiry, intake scheduling, room availability, and move-in coordination. This does not authorize release of medical records. I may withdraw this permission by contacting Lady D House.

[ ] Yes, I give this limited permission. [ ] No, coordinate directly with me.

Resident signature: _____ Date: _____

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House rules & accountability

Review each rule with staff. Discuss needed accommodations and schedule conflicts before move-in.

Substances & smoking

No alcohol or illegal drugs on the premises. No misuse or sharing of medication. Take prescribed medication only as directed. No smoking inside.

Safety & respect

No weapons, violence, threats, or aggressive behavior. Respect other residents, their belongings, and their privacy.

Curfew & quiet hours

Curfew is 9:00 p.m. Quiet hours are 9:00 p.m. to 7:00 a.m. Discuss work or appointment conflicts with staff in advance and document approved arrangements.

Guests & shared spaces

No overnight guests. Review daytime visitor arrangements with staff. Keep your room and shared areas clean and complete agreed household responsibilities.

Meetings & communication

Attend weekly house meetings and follow agreed program requirements. Communicate promptly about absences, safety concerns, payment difficulties, and changes affecting your placement.

When a rule is broken

Lesser violations follow a three-strike review process, with the concern, response, and next steps documented. Weapons, violence, threats, and other serious safety concerns require immediate staff attention and may lead to program discharge. Any action affecting occupancy follows the separate signed housing agreement and applicable requirements.

Approved arrangements / questions

Resident signature: _____ Date: _____

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Program requirements & goals

Residents participate in a personal plan for stability and independent living. Review the following expectations with staff and identify realistic steps based on your circumstances.

[ ] Attend weekly meetings and agreed progress reviews.

[ ] Follow house rules and the signed housing agreement.

[ ] Work with staff on an individual transition plan and communicate support needs.

[ ] Follow agreed payment arrangements and report funding delays promptly.

[ ] Maintain shared spaces and complete agreed household responsibilities.

[ ] Take agreed steps toward employment, education, income stability, or other appropriate goals based on individual needs.

Employment / education / income goal and next step

Budgeting / savings goal and next step

Permanent housing goal and next step

Support person / resource needed Progress review date

Resident signature: _____ Date: _____

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Income & payment planning

Standard monthly rates: $700 semi-private/shared; $1,000 private. Final payment terms belong in the separate signed housing agreement.

Employment / income source Estimated monthly income

Funding agency or sponsor / contact and phone

Funding status: [ ] Confirmed [ ] Pending [ ] Self-pay [ ] Other

Room type / room assignment Agreed monthly amount

Move-in date Approved placement period

First payment amount / dates covered / any proration

Payment due date / any agreed grace period

Person or organization responsible for payment

Payment method and instructions

Additional arrangements / funding follow-up

A referral does not guarantee financial assistance. Tell staff promptly about funding or payment difficulties. This intake record does not replace the signed housing agreement.

Resident signature: _____ Date: _____

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Orientation & acknowledgment

Resident name / intake date

Staff and resident complete together:

[ ] Application and placement needs reviewed.

[ ] Emergency contacts and safe contact preferences confirmed.

[ ] Room assignment, keys, and access instructions explained.

[ ] House rules, program requirements, and approved arrangements reviewed.

[ ] Payment responsibility and separate housing agreement reviewed.

[ ] Exits, evacuation meeting place, and emergency reporting reviewed.

[ ] Wi-Fi, laundry, kitchen, cleaning, and visitor routines explained.

[ ] Food, hygiene supplies, accessibility, and transportation needs discussed.

[ ] Individual goals started and progress review scheduled.

[ ] Copy of completed paperwork provided through the agreed private method.

Outstanding items / person responsible

I reviewed this packet, had an opportunity to ask questions, and understand the expectations and individual arrangements documented with staff. This acknowledgment does not replace the separate housing agreement.

Resident signature: _____ Date: _____

Staff name and signature: _____ Date: _____