

Mission Statement

Friendship House Fayetteville supports young adults with intellectual and developmental disabilities and their families by providing intentional transitional living. This faith-based community focuses on fellowship expressed through a daily routine of sharing meals, praying, and celebrating together.

Friendship House Fayetteville Model

Each of the three homes has two apartment suites. Three college students or professionals live in each suite alongside one "friend resident." Friend residents are young adults with intellectual and developmental disabilities (I/DD), such as down syndrome or autism. As part of their journey toward independent living, friend residents are expected to maintain part-time jobs or actively participate in job development services, and they should be able to care for themselves. The students/professionals serve as housemates and friends, setting positive examples and helping foster the friend residents' independence.



For Additional Information visit:
www.FriendshipHouseFayetteville.org
Or Call: 910-826-4699

Admission Requirements Role & Expectations

The core members of Friendship House are the Friend Residents. These young adults have intellectual and developmental disabilities. With the support of their families, housemates, and rehabilitation staff, they prepare to maintain or seek employment, care for themselves, be friends with their housemates, and participate in the community life of Friendship House to the best of their abilities. They also strive to develop their independent living skills. The community follows a rhythm of eating, praying, and celebrating.

Admission Requirements

- Age range of 21 – 40 (35-year age maximum at entry of Friendship House) 4-year stay maximum.
- Friends/Guardians are responsible for monthly rent (\$475 per month, which includes utilities.)
- Participate in, at minimum, biannual assessments.
- Clear background check and drug test.
- Where applicable, provide legal documents of guardianship, power of attorney details, competency details, and health insurance.
- Participate with family members and staff in developing the Individual Service Plan and related goals, working each month to set and assess goals and progress.
- Currently hold gainful employment or be actively engaged in job development services outside of Friendship House, where appropriate, with assistance from supported employment staff in place of employment, active attendance to a post-secondary program in preparation for future community employment is acceptable.
- Able to self-medicate (signed statement from your doctor indicating you can self-medicate if needed). Updates are provided within 24 hours for any new or medication changes.
- Has financial resources to sustain rent and living expenses.
- Family must live in Cumberland County.
- Participate to the best of your ability in the rhythm of the Friendship House community of *Eat, Pray, Celebrate* by coming together in prayer and regular dinner fellowship with housemates.

Role and Expectations:

- Be a friend.
- Applicant expresses the desire to live interdependently and participate in the community life of Friendship House to the extent that they are able.
- Each month, the Friend Resident, and their family/guardian, along with the Program Manager, will meet to review their goals and progress.
- Utilize and maximize independent and interdependent living skills (social and soft skills)
- Develop and enhance the ability to manage time and daily routines (activities of daily living).
- Student/Professional residents are neither qualified nor required to be caretakers of Friend Residents (i.e., medical conditions or services that require onsite caretaking).
- Learn how to interact and share chores and responsibilities as a housemate while understanding and respecting the boundaries of the student/professional residents.
- Housemates are not responsible for daily meals for Friend Residents (ideally, apartments will come together in fellowship at least once weekly).

Code of Ethics/Apartment Rules

Shared Items

- Cleaning items
- Furniture
- Pots, pans, kitchen items, etc.
- Television (communal living area)

Personal Property/Space

- Individual property is off limits to other housemates.
- Do not go into your housemate's room for any reason unless your housemate asks you to do so.
- Bedroom doors are to be closed when you are not home. This establishes boundaries that your room is off-limits.
- Personal belongings should stay in the bedroom and not infiltrate the rest of the house.
- Respect each other's privacy and establish guidelines for quiet hours. Adhering to the city noise ordinance is required.

Over Night Guest

- Friends/family are allowed to spend the night occasionally.
- Overnight guests are limited to no more than five consecutive nights.
- You are to notify fellow housemates and the Program Manager of overnight guests.
- Guests are NOT permitted to: move belongings in, move or relocate any belongings of other housemates, help themselves to other housemate's food, drinks or personal items, or disrupt the rhythm of the community in any way. Guest must be respectful to other residents at all times. Any violations are to be reported to the Program Manager who will address the situation accordingly.

Cleaning

- Designate and agree upon chores and responsibilities among apartment housemates.
- All housemates are to clean up behind themselves at all times in shared spaces i.e. bathroom, kitchen/appliances, front room, dining room, etc.

Common Courtesy

- Tell your housemates where you are going and when to expect you back or leave a note. Ensure you exchange phone numbers with your roommate and hang emergency numbers on the refrigerator.
- If housemates plan meals together, they should split grocery expenses or share items such as eggs, milk, condiments, and bread.
- Remember to be honest, respectful, and responsible. Desire to maximize interdependent living and social skills and participate in the rhythm of the Friendship House Fayetteville community.
- Pets are NOT permitted with the exception to the NC ADA Service Animal Law.

Alcohol/Drugs/Tobacco

- Alcohol is permitted but must be used in a respectful manner and not excessively.
- Alcohol must not be left in the kitchen or communal living space for others to have access.
- Alcohol consumption is NOT allowed for anyone under 21 years of age.
- Friend Residents that are under guardianship, are prohibited from consuming alcohol without their guardian's permission.
- If alcohol becomes used in a manner that the other housemates, Program Manager, or Employment Source staff do not feel comfortable with, it could lead to a ban on alcohol within the apartment.
- Friendship House is a tobacco-free campus. This includes all smokeless tobacco and vaping.
- Weapons of any kind, i.e. guns, knives, etc., are NOT permitted by anyone at any time.
- Illegal drugs or drug use will NOT be tolerated.

TERMINATION AND REMOVAL FROM THE PROGRAM

Employment Source has a zero-tolerance policy. If an incident occurs, it will be thoroughly investigated and handled accordingly.

The following are some examples for termination from the program. (This list may not be complete, and Employment Source has the right to change, add or remove items as we see fit).

- **Theft** - Stealing from anyone can result not only in termination from the program, but legal action may also be taken.
- **Sexual harassment** – This can vary in severity from unwanted comments to unwanted physical touch. We take any accusations of sexual harassment seriously and an investigation will be done. Some forms of sexual harassment may also be punishable by law.
- **Physical, verbal, and emotional violence** – Examples are, physical force or striking another individual, using inappropriate language, prejudicial behavior, and emotional abuse through berating an individual to name a few.
- **Substance abuse** - Includes misusing of alcohol or illegal drugs of any kind on the Friendship House property.
- **Damaging property** - This may include intentionally or unintentionally breaking or destruction of Employment Source/Friendship House equipment or property through careless conduct.

I acknowledge and agree to the roles, expectations, and code of ethics as a Friend Residents at Friendship House Fayetteville. As a Friend Resident, I am responsible for adhering to the stated requirements. I understand that breaching these requirements will result in disciplinary action, including potential removal from Friendship House Fayetteville.

Friend Resident Signature _____ Date _____

Friend Resident Printed Name _____

ATTENTION: If the Friend is under full guardianship, the Legal Guardian MUST Sign.

Guardian Signature _____ Date _____

Guardian Printed Name _____

Friend Resident Information

Date: _____

Name of Person completing the application: _____

Relationship to Applicant: _____

Information contained on this form is PHI/PII and confidential. The material may be covered under The Privacy Act, 5. USC 55261 and the HIPPA (PL 104-191). Unlawful viewing or release may result in fines of up to \$5,000.

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____ Date of Birth: _____ Age: _____

Sex: Female: Male: (check box)

Social Security: # _____ Marital Status: _____

Categories that best describe you: (Optional)White: Hispanic/Latin/Spanish: Black/African American: Asian: Middle Eastern: American Indian/Alaska Native: Native Hawaiian/Other Pacific Islander: Other race/ethnicity or origin: **BENEFITS/INCOME**

Does the applicant receive any of the following:

SSI: \$ _____ SSDI: \$ _____ Food Stamps: \$ _____ Other: _____

Does the applicant have a one-on-one waiver for a Care worker? Yes: No:

If yes, how many days and hours per week does the worker provide: _____

What services are being provided? _____

MEDICAL INFORMATION**PRIMARY HEALTH INSURANCE (copy of the medical card is required)**

Primary Health Insurance Provider Company _____

Name of Policy Holder _____ Policy holder SS# _____

Policy# _____

Medicaid # _____ Medicare # _____

Medical Diagnosis _____

Please provide a copy of the medical records and the diagnosis.

Medical Doctor _____ Phone _____

Is the applicant currently receiving Psychological Therapy/Counseling? Yes: No:

If yes, please provide the following information:

Name of Therapist: _____ Phone: _____

How often does the applicant attend therapy? _____

What issues are being addressed: _____

CONTACT INFORMATION

Mother's Name _____ H/Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ H/Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____

GUARDIANSHIPIs the applicant under full guardianship? (over person and finance): YES: NO: Is the applicant under financial guardianship only? (financial control): YES: NO:

Legal Guardian(s) _____ Phone _____

Legal Guardian(s) _____ Phone _____

Designated Payee Representative _____ Phone _____

Power of Attorney _____ Phone _____

Family Independence Agency (FIA) _____ Phone _____

Community Mental Health Worker _____ Phone _____

EMPLOYMENT

If the applicant is working, please provide the following information:

Place of Work: _____ Position: _____

Date of Employment: _____ Days and Hours of work: _____

Supervisor _____ Phone _____

Is the applicant currently attending College/Technical/Certificate Programs

Name of School _____

Degree/Certificate Program: _____ Projected Completion: _____

Contact _____ Phone _____

EMERGENCY CONTACT

(other than guardian/parents) _____ Phone _____

(other than guardian/parents) _____ Phone _____

Can the applicant administer medication independently? Yes: No:

MEDICATIONS

(Please list all Prescription drugs and Over the Counter medicines currently taking)

Prescription/OTC	Medication	Dosage	Reason for Medication

ALLERGIES

Do you have allergies (food, medications, animals, etc.)? YES: NO:

If yes, please list below.

What are you allergic to?	Type (food/Medications)	Reaction

Please provide the most recent shot records for Friend Resident with the application
Including Covid-19 please

PREVIOUS SURGERIES: MEDICAL CONDITIONS – Please check Yes or No

- | | | | |
|-----------------------------------|--|---------------------------|--|
| Heart/Vascular Condition | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Asthma/Lung Conditions | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| HIV/AIDS | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Liver Disease/Hepatitis | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Diabetes | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Tuberculosis | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Rheumatic Fever | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Hearing/Vision Impairment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Cancer | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Psychological Condition | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Bleeding/Clotting Disorder | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Musculoskeletal Condition | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Convulsions/Epilepsy | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Skin Conditions | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Neurological Condition | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Kidney Disease | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Disabilities (not already listed) | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Other | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

If yes to any of the above, please explain: _____

Do you use any Assistive Devices? (please describe): _____

**Friend Resident
Background Check & Drug Screening Release**

Date: _____

Please fill out the following information and release permission for Friendship House Fayetteville to run a background check. Information contained on this form is PHI/PII and confidential. The material may be covered under The Privacy Act, 5. USC 55261 and the HIPPA (PL 104-191). Unlawful viewing or release may result in fines of up to \$5,000.

Full Legal Name: _____

Date of Birth: _____

Social Security#: _____

Provide current and then most recent prior residence:

Address: _____ City: _____

State: _____ Zip: _____ Dates of Residence: _____

Address: _____ City: _____

State: _____ Zip: _____ Dates of Residence: _____

I authorize the Employment Source office, in partnership with Friendship House. Fayetteville, to use my personal information to conduct a background check and drug screening as part of my application to Friendship House Fayetteville.

ATTENTION: If the Friend is under full guardianship, the Legal Guardian MUST Sign.

Guardian or Power of Attorney Signature _____

Signature of Applicant: _____

Reference Information

Applicant Name _____ Date _____

Please provide the names, addresses, phone numbers, and relationship to the applicant of three persons not related to you for references.

Name _____ Relationship to Applicant _____

Address _____ Phone. _____

Name _____ Relationship to Applicant _____

Address _____ Phone. _____

Name _____ Relationship to Applicant _____

Address _____ Phone. _____

Your signatures below authorize the Friendship House Assessment Team and the above-listed contact persons to confirm and share information openly about the above applicant.

ATTENTION: If the applicant is under full guardianship, the Legal Guardian MUST Sign

Legal Guardian _____ Date _____

Applicant _____ Date _____

Please return to: Employment Source 600 Ames St., Fayetteville, NC 28301

Or email: FriendshipHouse@servicesource.org.