

# The Journey Project

**Mailing:** 13504 Tukwila International Blvd, #5

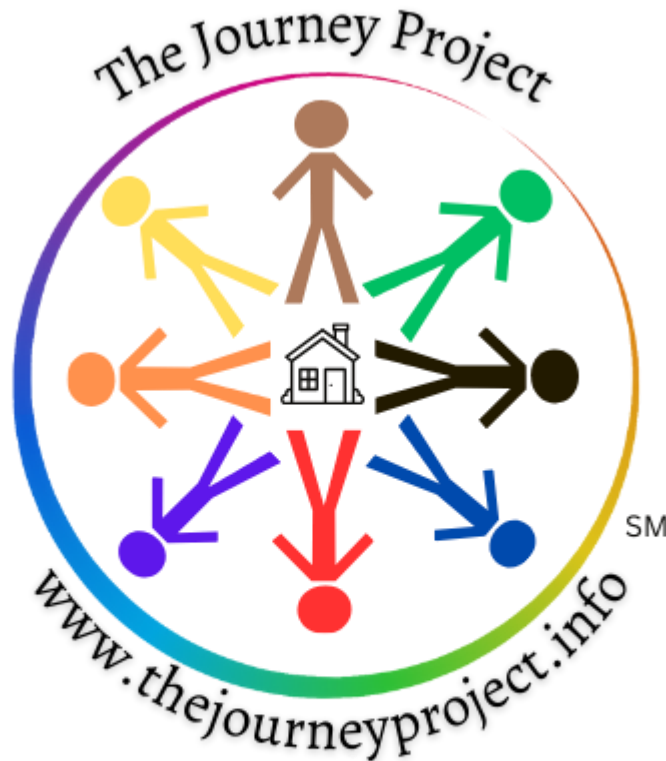
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*We Know Reentry!*

**Prospective Participant  
Application Package**

Dear Prospective Participant,

Thank you for your interest in The Journey Project! It is a privilege to consider your application, and we hope that The Journey Project is a good match for what you are seeking for the next steps of transformation and transition in your life. **The Journey Project** is not for everyone, so please review this application in detail and be sure you are able to submit with confidence and in full agreement with all that will be asked of you.

The Journey project is not just a “release address.” For those just needing to submit to get an approved release plan (as much as we do understand that need), The Journey Project is not designed for that use. **We require full program participation, and anyone who releases to The Journey Project and does not take part in the actual program services will be discharged and removed from our program,** which would mean the loss of our housing and could be a potential violation of your DOC release requirements.

It is our goal to provide a safe space for all people of all faiths to feel welcome and accepted. We highly encourage all participants to foster and grow within their own spirituality. With that said, it is expected that all participants are respectful toward other participants’ spiritual journeys. Proselytizing, discrimination, or shaming others will not be tolerated.

The Journey Project provides the opportunity for those desiring to create a new future, who want to turn a positive system of beliefs into positive ways of action, and who want to live out a renewed life. We will support you, encourage you, and provide you with tools for inner personal change, and give you places to put those tools to work. You will plan the work of transformation and work that plan in ongoing transition. We will hold you accountable and, even more importantly, we will help you learn how to hold yourself accountable. All this so your success continues long after you complete The Journey Project’s program.

Always remember that we are here to support you; this means that **you must ask for help.** We are not psychic. Whenever you need assistance, it is up to you to ask. We are empowering you to be responsible for your own reentry.

Again, our thanks for your interest in The Journey Project. We hope to meet you soon!

Joshua Bryant  
President/Treasurer, Case Manager

Ed Fish  
Vice President, Case Manager

Thomas Toomey  
Secretary, Program Manager, Case Manager

# **Welcome to The Journey Project**

## **Transformation for your life.**

## **Transition for your future.**

### **What is The Journey Project All About?**

#### ***Accountability***

Success comes with holding oneself accountable, and we will assist you with that. With your case manager, you will set up goals and develop plans on how to accomplish them. You will have weekly case management meetings, in which you will go over your plans and show that you are fulfilling them. Just saying you are will not be enough. Each of the three phases of this program (which will be explained later in this application) also has program-wide objectives that must be completed before moving forward in the program. We will hold you accountable to complete these goals and help identify ways that you can hold yourself accountable.

#### ***Holistic Self-Empowerment***

Many release housing programs are religious or spiritual in basis—and for good reason. When your spirit is right, you are right. At The Journey Project, we leave the participants to decide what their spiritual journey looks like: whether that's Christianity, Buddhism, Paganism, Indigenous practices, or whatever; we do expect that you are fostering your sense of spirituality. We also expect that you are taking steps to address any physical and/or mental health problems you might have. How else would you expect to start a new life when you are plagued by physical illness, depression, or substance use disorder?

#### ***Community***

Reentering the community is just that: reentering the **community**, which is why it is one of our main focuses. To develop a sense of community in our program, we hold regular meetings in which we discuss important topics to reentry and life skills, monthly potlucks in which to enjoy good food together, and special outings (applicable to DOC approval, individual participant's conditions, and funds). While living in The Journey Project's housing, you will also be expected to do your part in keeping the property organized, clean, and well kept. Each participant will be given a job to complete (if you have any physical limitations, please advise your case manager so an appropriate task may be given to you).

#### ***What can you expect from us?***

***Case Management:*** All participants are assigned to a case manager, with whom you will meet at least weekly. During the case management, you will discuss your activities related to reentry and the goals you have set for yourself. This is an opportunity to ask for assistance, express concerns, and run ideas by us.

**Supervision Compliance Plan:** All participants that have DOC, ISRB, or LRA restrictions will discuss these with their case managers to ensure compliance. This is for your best interest and the program's as well. While we leave main communication between you and your CCO, we are often in contact with CCOs and other case managers from other programs. The purpose of this is not to get you in trouble, but rather to fill any gaps in your needs for transition and reentry.

***Empowerment:*** Upon arrival at The Journey Project, you are subject to a blackout period (which will be explained later in this application). This time is designed to keep you focused, figure out what resources you need, and to give you time to adjust to being in the community. This means you will be escorted to essential places (DOC, stores, DSHS, etc.) by a program manager or other participants. After your blackout is completed, we will be expected and assist you in becoming more self-reliant. This means program managers will neither take you places, nor will you be escorted. You will be expected to learn the bus routes or obtain your own transportation. This does not mean

you are left on your own. We will always be here to help you, but we will expect you to take charge of your own life.

### ***What we will expect from you***

***Financial Accountability:*** The various phases of The Journey Project include savings goals. To move through the phases, you will have to have a certain amount saved in a **savings account**, not a checking account. Periodically, you will be expected to disclose from an official banking document (monthly statements, balances on apps, etc). If you no longer meet the savings requirement of your phase, you could be dropped to a lower phase. *Please note that we are not interested in your transaction history or any other account balance; you are not required to disclose those to your case manager.*

***Communication:*** Ultimately, success in The Journey Project comes through clear and honest communication. Each participant will have unique needs, goals, and objectives. Therefore, we expect you to communicate with us. If you have needs that are not being met, it is up to you to communicate those to us. It is also up to you to communicate with your CCO or other supervising authority. Our goal is to help you accomplish a transformation in **your** life. The best way we can do that is by keeping up to date on your needs, which could always change.

***Program Participation:*** We believe that, for our program to be the most beneficial to you, full participation is essential. This means that you will be expected to attend all Journey Project events and activities to the best of your ability. However, we understand that there might be circumstances that prevent you from attending such as work, DOC related programming (AA, NA, SOTAP, etc.), DOC conditions, or important family events. As stated before, please communicate these things with us. We will do our best to plan these events at least 30 days prior, so you can make plans or get permission from your CCO if needed.

***An Open Mind:*** Ideally, every participant comes to our program seeking to rebuild their lives and transition into something more than what they were before. Therefore, this is the time to leave the “prison mindset” at the gate. This is not the place to politic or judge people on their crimes. **IF YOU HAVE A PROBLEM WITH PEOPLE'S PASTS, IDENTITIES, OR BELIEFS, THEN THIS IS NOT THE PLACE FOR YOU.** We cannot stress that enough. This is the time and place for second chances, healing, and growth.

### Final Disclaimers:

The Journey Project may not be for everybody. We expect all participants to participate in the program and abide by its rules and expectations. If at any time you feel that this is not the place for you, please communicate that with us! **If you are on the DOC Voucher, we will coordinate with your CCO and the Voucher program to help you find suitable housing elsewhere. We do not want you to feel trapped here, but we also expect you to honor your agreement to full participation.**

You and you alone are responsible for your reentry outcomes. We are here to assist in any way we can, but we cannot apply for any benefits (e.g. Apple Care, DSHS benefits, etc.) for you. If you have any internet restrictions that might hinder this process, please communicate this with us so we can collaborate with any supervising authority you may have.

## Frequently Asked Questions

### ***What is the blackout period and how long is it?***

The blackout period is the initial phase of our program that is designed to keep participants focused on essential tasks related to reentry (DOC, DSHS, SSA, and getting offense-related groups set up). During blackout, you will be escorted by Journey Project staff or other participants. This phase of the program is not designed to inhibit you or trap you in your room, but rather keep your focus sharp on your reentry and success. Once you begin to get familiar with the bus routes and your new routine, Journey Project staff may move you up to Phase One. Everyone's blackout is tailored to their needs. While the blackout is normally 30 days, if you show progress and success, you can be moved off blackout. Your communication and commitment are key to a successful blackout completion.

### ***There is a Journey Project event planned, and I can't go because of a restriction, no permission, schedule conflict etc., what do I do?***

If you cannot go to a Journey Project event because of a possible restriction, please communicate that with your case manager. We may be able to reach out to your CCO and figure out ways to make the event work such as by creating a safety plan. If no resolution is possible, then you will **not** be penalized for skipping it. If you have a work conflict, then you are automatically excused from the event. If you have a DOC-related conflict, such as SOTAP or other offense-related programming, then you will also be excused. If you have AA/NA meetings on a day that the event happens, see if you can find alternate days to attend. There are many AA/NA meetings available over Zoom happening every day of the week at various times, and not wanting to do a Zoom meeting (unless there is a legitimate reason like lack of wi-fi or other internet restriction) is not a valid reason to not reschedule your meeting. If you have a long-standing family event planned, you will also be excused, but you may be required to prove that it is a legitimate family event to avoid this reason being abused.

### ***Are there computers available to use at Journey Project?***

For everyone's safety and success, there are no community computers available. Since many participants will have internet monitoring and agree to be responsible for the data on devices they use, there is too much risk to allow community devices. If a participant uses a device to view prohibited material, other participants can be held responsible as well by DOC/ISRB, and that risk is unacceptably high for us to take. You will be responsible in obtaining your own devices and internet.

### ***Will I be given rides to places I want to go?***

Program staff **may** give participants rides to places such as DOC, DSHS, stores, and other places. This will ultimately depend on staff availability and the purpose of the visit. Staff are not personal escorts. Many people in King County utilize the Transit system to go grocery shopping daily, and your transportation needs are yours and yours alone. It never hurts to ask though! Staff may be willing to transport you or other participants who have vehicles. This is a community after all!

# *Program Service Fees*

Students/Participants are required to pay a program fee for housing and services.

The fee schedule is as follows, which covers housing and programming. Electricity and personal food costs are not included; those costs will be covered by the participants (split among each other, the average is \$30 per billing).

Therefore, please use your electricity accordingly.

Resources are available from food banks and EBT/SNAP (if eligible).

	DOC/Other	LRA
Regular Occupancy (1-2 roommates)	\$885.00/month	N/A
Studio / 1 BR	\$1,770/month	\$2,200/month

\* While on DOC Voucher, your program fees are temporarily reduced to \$700. Once your voucher ends, you will be expected to pay the appropriate program fee.

\*\* Studios and 1 BR units are reserved for LRAs. If there is ever an opening (and never anticipate an opening), \$1,770 is the program fee. Also, if the unit is needed, we will relocate to a regular occupancy; so please keep that in mind. Due to LRA conditions, they have the highest priority for single occupancies.

**\*\*\* LRA Clients must pay FIRST (\$2,200.00) LAST (\$2,200.00) and ADMIN FEE (\$2,200.00) for a total of \$6,600.00 once approved for move in.**

**\*\*\*\* If you are not using the DOC Voucher then you must pay FIRST (\$885.00) LAST (\$885.00) for a total of \$1,770.00 prior to moving in.**

# ATTENTION!!!

**Please keep the preceding for your own reference!**

**Be sure to copy our address and contact information for your own records if you wish to contact us. Complete the following and send it to us. You may have your counselor scan and email it to us for speedier processing.**

*Please do not call us as we can only refer you to your counselor. If you have any questions about the program have your counselor, email us and we will respond via email.*

**Email completed application to:**  
***transition@thejourneyproject.info***

## Individual's Application Info Sheet

For your application to be given serious consideration be sure that you fill out this form thoroughly and complete all attachments. Be as detailed and as comprehensive as possible in your answers. Remember, this is your introduction of yourself to The Journey Project staff. If your answers are incomplete, lacking in substance, or not forthright it is likely your application will not be considered for approval.

Submission of an application does not indicate acceptance into The Journey Project program. A letter of Acceptance is the only documentation that serves as your enrollment. The Journey Project reserves the right to deny any application.

Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

RSO Level (If Applicable) \_\_\_\_\_ End Date of Supervision: \_\_\_\_\_

Sentence Length: \_\_\_\_\_ Release Date: \_\_\_\_\_ ERD: \_\_\_\_\_

Counselor: \_\_\_\_\_ Unit: \_\_\_\_\_ Sex: \_\_\_\_\_ US Veteran \_\_\_\_\_

Heritage/Nationality: \_\_\_\_\_ LGBTQ+: Yes No RCSP: Yes No

**Current Institution, mailing address, including housing assignment:**

**If applicable, do you plan to seek the use of a DOC Housing Voucher?** Yes No Not Sure

**If not using Voucher, Community Sponsor Name:**

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency and Community Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



Present conviction(s) is/are for the following charge(s):

- A. Brief overview of the facts of your case (include age and gender of victims, amounts of property damage, if relevant, and any other case information helpful in the understanding of your case):
  
- B. Please describe what you have done to ensure that you will no longer commit crimes (programming, etc.):
  
- C. Please detail any specific restrictions, stipulations, or conditions you have, for your release or post-release supervision (ask your counselor or review your J&S if unsure):
  
- D. Tell us about your time served, and what programming you have done; work, education or required programs:
  
- E. Please briefly outline prior legal history (convictions, misdemeanors, terms of jail or prison, etc.):
  
- F. Brief employment history (prior and during incarceration – general dates are acceptable):

G. Tell us about any infraction history you have had, during your incarceration, and explain the circumstances, particularly Major Infractions and anything resulting in Administrative Segregation:

H. What do you feel are the main keys, for you, to avoid a new criminal conviction after release?

I. Describe what practical resources you have established, in preparation for your release:

# Journey Project Program Application

1. Do you have any medical concerns, health problems, or limitations?
2. What are your current medications?
3. Highest level of education achieved and main course of study:
3. Specific certifications/skills/experience/achievements:
4. What is the status of your State Driver's License? (Please state if it is expired, need to renew, need to re-test, suspended, etc.):
5. What financial support or resources do you have? How will you pay your program fees?
6. Describe any history you have had with substance use or abuse (alcohol, smoking, prescription or nonprescription drugs):
7. Please detail any drug treatment you may have had, where you receive this treatment:
8. Describe any history you have had with mental health and/or any mental health medications you take:

9. Please detail any mental health treatment you may have had and where you receive this treatment:
10. Tell us about any other self-help programs or activities you have undertaken; what skills or insights did these programs give you:
11. Describe your sense of "readiness" in terms of your strategy and thinking in how to avoid a negative way of living, and your strategy and thinking:
12. How will you live a positive and pro-social life?
13. Describe what practical resources you have established, community support, housing options, employment possibilities, etc.:

14. Please indicate why you would be willing, and wanting, to be involved in a The Journey Project's program:
15. Please describe your spiritual self; How would you categorize yourself; describe your own spiritual journey: including exposure to or involvement in religion from your childhood throughout your life and where you are, spiritually, today.
16. Give a brief "biography" of your life; paying special attention to describe what you feel most influenced the major life events or life choices leading up to present day:
17. What is your current support system for maintaining positive change? How are you utilizing that system of support to make positive choices daily?

18. Give a brief overview of goals you have charted for yourself, which you want to achieve:

19. What sense of “reward” do you seek, in your life, to motivate you toward positive change:

**THIS IS NOT A LEASE OR RENTAL AGREEMENT**  
**DUE TO THE NATURE OF HOUSING AT THIS FACILITY, LANDLORD-TENANT LAWS DO NOT APPLY This**  
**Occupancy provides a shared living free from drugs and alcohol.**

Property Address: PACIFIC VILLAGE  
13504 Tukwila International Blvd #5  
TUKWILA, WA 98168

Application Date: \_\_\_\_\_

Student/participant Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Student/Participant C.C.O./PO Printed Name: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Program Fee** of \$ \_\_\_\_\_ monthly will be paid in advance of each month.

- a.) Program Fee is due by the (3<sup>rd</sup>) unless other previous arrangements have been made. The Term of Occupancy runs from month to month. There is a \$10.00 per day late fee. Failure to pay or make arrangements to pay prior to 15 days delinquent may result in termination.
- b.) A written 30-day notice of intent to vacate/self-terminate is required. Failure to give 30-day notice, failure to leave everything neat and clean or failure to return keys will result in NO financial refund IF applicable.
- c.) All checks, money orders, cashier checks are to be made out to: **THE JOURNEY PROJECT**

**Program Terms of Agreement: (Please initial each after reading & understanding)**

- 1. \_\_\_\_\_ Due to the nature of housing at this facility landlord-tenant laws do not apply.
- 2. \_\_\_\_\_ I agree that a submitted application does not guarantee my enrollment, and that enrollment may be denied at any time, even after a Letter of Acceptance is sent if The Journey Project deems it necessary to do so.
- 3. \_\_\_\_\_ Your attendance at all scheduled meetings is required. Failure to do so without making prior arrangements may result in Immediate Termination.
- 4. \_\_\_\_\_ Each room/apartment is fitted with a lock. Each student/participant is responsible for their own security.
- 5. \_\_\_\_\_ Each student/participant has the responsibility for maintaining daily cleanliness and order, both in the assigned room and in shared areas. This is to include the outside entrance, picking up of litter, cigarette, etc.
- 6. \_\_\_\_\_ There are NO pets allowed without prior written permission from property manager.
- 7. \_\_\_\_\_ Curfew is 10pm to 6am. If an exception is needed, prior arrangements, in writing, must be made with leadership. NO-SHOW NO-CALL may result in immediate termination.
- 8. \_\_\_\_\_ All students/participants must sign in and out on the log provided.
- 9. \_\_\_\_\_ There are to be NO guest in living area without prior permission from leadership. The patio area is a permissible area for visiting. Arrangements may be made for private dinner, BBQ, etc. Visitation will end at 9:00pm unless prior arrangements have been made.

10. \_\_\_ I understand that there is no maximum time before one transition out of the program, but I understand that I am making a minimum of a six-month commitment before transitioning out of the program
11. \_\_\_ I understand that it is my responsibility to pay the monthly program fee if residing within The Journey Project housing, plus the cost of electricity which is in accordance with the electricity provider.
12. \_\_\_\_\_ I understand that it is my responsibility to assure that my monthly program fees are paid by the 3rd of each month, and that there may be a late fee if I fail to pay by the due date without making prior arrangements.
13. \_\_\_\_\_ I agree to provide The Journey Project staff with verification to properly share my savings amount for phase placement, also I will receive assistance in budgeting my money and attaining financial solvency. I understand further that failure to disclose my financial information is grounds for Immediate Termination.
14. \_\_\_\_\_ I understand that services provided (housing, and placement in Work Skills) are contractual in nature, and that, should my enrollment be terminated, such services will terminate.
15. \_\_\_\_\_ I agree to the stipulation that progress in The Journey Project program is based on behavioral outcomes and, therefore I understand that failure to maintain positive and pro-social behavioral conduct is grounds for Immediate Termination.
16. \_\_\_\_\_ I understand and agree that any violation of The Journey Project policies, community supervision, parole, probation, community corrections, or other legal or court stipulated condition is grounds for Immediate Termination.
17. \_\_\_\_\_ I understand that The Journey Project is a spiritual based program, and that, therefore, there may be exposure to “religious” as well as “secular” teachings and experiences within The Journey Project program structure.
18. \_\_\_\_\_ I understand that the “spiritual” model used in The Journey Project is best described as eclectic (you define what your sense of spirituality is), and that I am not required to adopt any particular religion, creed, theology or denomination.
19. \_\_\_\_\_ I understand that failure to maintain successful attendance and participation in all required programming, to include the Life Skills and Educational training programs, including failure to complete assignments, is grounds for Immediate Termination.
20. \_\_\_\_\_ I understand that, if I am an occupant of Housing provided by The Journey Project, I must receive prior approval and clearance for any off-site activities in which I want to engage, and that I must sign out upon leaving and upon my return. If I live off-site, I must be forthright in disclosing the specific type and nature of activities in which I engage.
21. \_\_\_\_\_ I understand that I may be asked, and expected, to participate in community service activities, which includes volunteer work and work those needs doing on The Journey Project properties such as maintenance or beatification in-order to maintain a safe, livable, clean environment. I understand that I will be required to do a minimum of 16 hours of volunteer work per month for The Journey Project. Also, I am aware that I will be programming the first



30 days in Landscaping or Property Maintenance. Any ongoing or persistent failure to complete those tasks is grounds for Immediate Termination

22. \_\_\_\_\_ I agree to disclose any relationship I have developed with a significant other, presently, and, if no such relationships exist, I agree not to pursue such a relationship without the express approval of The Journey Project Staff.
23. \_\_\_\_\_ I understand that any threatening behavior toward anyone in, or affiliated with, The Journey Project program (including Staff, fellow participants, and The Journey Project program affiliates) is cause for Immediate Termination.
24. \_\_\_\_\_ I understand that engaging in any illegal activity is grounds for Immediate Termination.
25. \_\_\_\_\_ I understand that any deceptive or dishonest behavior, including lying to The Journey Project staff, theft within or associated properties, or failure to disclose requested information is grounds for Immediate Termination.
- i \_\_\_\_\_ I agree that I shall not use or possess alcohol, or drugs of any kind. I understand that either the possession or use of drugs, to include marijuana,
  - ii testing positive for any drug including marijuana,
  - iii associating with or being in the presence of people who are using such on any property of or associated with The Journey Project,
  - iv or failure to report to leadership if I suspect my roommate or anyone else is using or possessing drugs.

**is grounds for immediate termination.**

26. \_\_\_\_\_ I agree that any prescribed medication shall be disclosed to The Journey Project staff and shall not be shared under any circumstances. Sharing and/or selling of such is grounds for Immediate Termination.
27. \_\_\_\_\_ I agree to disclose any prior drug or alcohol history, in an honest and forthright manner, and to submit to a chemical dependency evaluation, if such is deemed to be necessary.
28. \_\_\_\_\_ I agree to follow the treatment recommendations of any chemical dependency evaluation, and I agree that failure to complete a treatment recommendation is grounds for Immediate Termination.
29. \_\_\_\_\_ I agree to submit to random urinalysis, breathalyzer testing or drug test at the discretion of The Journey Project staff.
30. \_\_\_\_\_ I understand and agree that enrollment in the Housing Program requires me to keep my living unit in a clean, orderly, and working condition, and I agree to immediately report any broken or damaged item or fixture, and I shall conduct myself as such that I am not a nuisance to roommates or anyone else within the complex. I understand that violation is grounds for Immediate Termination.

\_\_\_\_\_ I authorize The Journey Project staff to communicate fully, concerning my case, with any prerelease or post-release (i.e., Community Corrections Officer) supervision authority, as well as with any treatment provider for any treatment program in which I am enrolled.

31. \_\_\_\_\_ I agree not to possess obscene or pornographic material or literature of any kind, nor to view, or seek to view such through online, internet access, or any other means and understand such is grounds for Immediate Termination.
32. \_\_\_\_\_ I agree to be diligent and responsible in maintaining adherence to, and making positive progress toward, the maintenance and completion of any required stipulations, programming, conditions or requirements per my Judgment and Sentence, per community supervision or per such as established by the Department of Corrections, Court authority, or such as has been established and agreed to in my Case Management Plan with The Journey Project staff.
33. \_\_\_\_\_ I understand that any State or government aid that I receive, such as Food Stamps, Vouchers, or payments of any kind shall be reported to The Journey Project staff and shall only be disbursed in an authorized and approved manner.
34. \_\_\_\_\_ I understand that the term "TERMINATION" means that I must leave the property of, or any property associated with The Journey Project immediately upon request. I will have 24 hours to make arrangements to have my property removed, or it may be disposed of. This includes the housing units which I or anyone else may occupy.
35. \_\_\_\_\_ The living areas may be entered for inspection at any time. Entrance will be provided at any time to Journey Project staff, to law enforcement agencies, to include D.O.C. and/or parole officers.
36. \_\_\_\_\_ There is to be NO one under the age of 18 on the property at any time. Having guests under the age of 18 years old may result in immediate termination. It is your responsibility to report to the leadership immediately if you observe a questionable situation. Failure to report may result in immediate termination.
37. \_\_\_\_\_ I understand that the enrollment in, and successful completion of the Life Skills program is a requirement unless waived by leadership.
38. \_\_\_\_\_ I understand that I will be establishing career goals, and if not having the career skills, I will be required to enroll in the South Seattle Community College "LIFE SKILLS TO WORK" program or such other acceptable education program to gain the career skills to fulfill my career goals. I understand that as part of gaining work skills, I may be required to participate in The Journey Project Work Skills training placement within New Beginning Garden and Lawn Care or around the Journey Project Properties for a housing stipend of \$4.00 an hour. Failure to show due diligence may result in Immediate Termination. If I am disabled or of retirement age, and have not done so already, I will be establishing financial stability, i.e., SSI, Social Security, Employment Pension, Veterans Disability, or such other. I understand that if I am physically able, I may be required to participate in The Journey Project Work Skills Training Placement.
40. \_\_\_\_\_ I agree to the stipulation that progress in The Journey Project Program is based on behavioral outcomes and, therefore I understand that failure to maintain positive pro-social behavior and participation is conduct for grounds of Immediate Termination.
41. \_\_\_\_\_ As part of completing financial goals, I understand that I must open a savings account of which will not be drawn from until a minimum balance of \$3,000.00 is maintained. A minimum of \$3,000.00 must be maintained as long as I am in the program. I understand that I must disclose my finances to the appointed leader until such time as waived.
42. \_\_\_\_\_ I have disclosed any prior drug or alcohol history and agree that if I relapse that I will disclose to staff. I further agree to submit to a chemical dependency evaluation if such is

deemed to be necessary by staff and the cost will be my responsibility. The evaluation will be done at any local Drug and Alcohol center. See your case manager for centers.

43. \_\_\_\_ I understand that if I am terminated or self-terminated without giving proper notice of 30 days there will be NO financial refunds of any kind.
44. \_\_\_\_ I agree and understand that if I am terminated for any reason, I will be escorted by either leadership, property manager, property owner, or such other appointed by said above. There you will pack your belongings, turn in your keys, and be escorted from the property. Any items that you are unable to immediately take may be stored for later pickup. These items will be stored for no more than two weeks unless special arrangements have been made.
45. \_\_\_\_ In place of immediate termination Journey Program leadership may choose to implement less severe remedial actions such as fines, loss of phase level, privilege and/or current housing.

**I hereby state** that I have read, understand, and initialed each term of agreement above. I further understand that my occupancy is solely dependent on me being enrolled in good standing within The Journey Project transition program. If I am terminated for any violation of this agreement, I must leave the property immediately, or at such other time as agreed with leadership. I understand that if I self-terminate, I will leave property on submitted date, or by such other date as agreed upon with leadership.

Student/Participant Printed Name: \_\_\_\_\_

Student/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug/Alcohol Testing Consent

Please read, sign, and date this form. Your signature attests to your understanding and given consent.

Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### BENEFICIARY'S CONSENT FOR TESTING OF ALCOHOL AND/OR DRUG USE

I, \_\_\_\_\_, do hereby consent to submit to urinalysis and/or Breathalyzer tests solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while enrolled in any program and/or while residing on any properties and/or while involved in any work training program used by and/or owned and/or operated by The Journey Project.

I understand that the results of these tests will be reviewed and evaluated by staff. In the event that the results positively indicate that I am under the influence of alcohol or illegal drugs or that the sample was altered, I further understand that The Journey Project may, at its sole discretion, terminate me from the Program and from any and all services provided to me thereby. Finally, I understand that failure to submit to the above-described testing upon request of The Journey Project staff may also result in termination from the Program and termination of any and all services provided to me thereby.

I, the undersigned, have read this Beneficiary's Consent for Testing of Alcohol and/or Drug use and understand its meaning.

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CRIME FREE/DRUG FREE**

As part of the consideration of the execution of a student/participant occupancy, the student/participant occupant agrees as follows:

- 1.) Neither occupant, nor any guest nor other person under the occupant's control shall engage in criminal activity, including drug-related criminal activity, on or near the said premises. Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. Section 80211)).
- 2.) Neither occupant, nor a guest nor other person under the occupant's control shall engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.
- 3.) Neither occupant, nor a guest nor another person under the occupant's control shall permit the dwelling unit to be used for, nor facilitate criminal activity, including drug related activity.
- 4.) Neither occupant, nor a guest nor another person under the occupant's control shall engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance as defined in 69.41, 69.50 or 69.52 RCQ, at any locations, whether on or near the dwelling unit premises or otherwise.
- 5.) Neither occupant, nor a guest nor another a person under the occupant's control shall engage in any illegal act, activity, including prostitution as defined in RCW 9A.88, criminal gang activity as defined in 9A.84 RCW, threatening or intimidating as prohibited in RCW 9A.36.041, assault as prohibited in RCW 9A.36.041 including but not limited to the unlawful discharge of firearms, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other rental resident or involving imminent serious property damage, as defined in 9A.48.070-100 RCW.
- 6.) VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF YOUR OCCUPANCY AND STUDENT ENROLLMENT, AND GOOD CAUSE FOR IMMEDIATE TERMINATION. A single violation of any provisions shall be deemed a serious violation and a material and irreparable noncompliance. It is understood that a single violation shall be good cause for immediate termination of occupancy and student enrollment. There is no good cause" explanation.

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT/PARTICIPANT OCCUPANT AGREEMENT CONTRACT**

**DUE TO THE NATURE OF HOUSING AT THIS FACILITY, LANDLORD-TENANT LAWS DO NOT APPLY**

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***IF ANYTHING IN THESE RULES ARE UNCLEAR, PLEASE GET CLARIFICATION BEFORE SIGNING.***

STUDENT/PARTIPANT CELL PHONE:

STUDENT/PARTICAPANT C.C.O. PRINTED NAME:

STUDENT/PARTICAPANT C.C.O. OFFICE NUMBER:

STUDENT/PARTICAPANT C.C.O. CELL PHONE NUMBER:



**AUTHORIZATION FOR RELEASE OF CUSTODIAL INFORMATION**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to release a copy of the information indicated below to:

\_\_\_\_\_  
Name Representing

\_\_\_\_\_  
Mailing address City, state, and zip code

The information is released for the following reasons:

\_\_\_\_\_

**INFORMATION THAT CAN BE RELEASED**

- |   |  |
|---|--|
| <input type="checkbox"/> Educational history            | <input type="checkbox"/> Reports to court/Board                              |
| <input type="checkbox"/> Random urinalysis (UA) results | <input type="checkbox"/> Assessment or reassessment of risk forms            |
| <input type="checkbox"/> Treatment progress             | <input type="checkbox"/> Risk Classification/Supervision Plan interview data |
| <input type="checkbox"/> Pre-sentence report            | <input type="checkbox"/> Court or Board Orders                               |
| <input type="checkbox"/> Criminal history               | <input type="checkbox"/> Other (specify): _____                              |

Release of medical, dental, and mental health information, use DOC 13-035 Authorization for Disclosure of Health Information.

Release of drug and alcohol treatment information, use DOC 14-172 Substance Abuse Recovery Unit Compound Release of Confidential Information.

Release expiration will be at the time of release or at the discretion of the individual being supervised by the Department. Consent is subject to revocation at any time.

**AUTHORIZATION**

\_\_\_\_\_  
Signature DOC number Date of birth Date signed

\_\_\_\_\_  
Witness name Signature Date signed

\_\_\_\_\_  
Processed by (name, title, date) Scanned by (name, title, date)

**Prohibition on re-disclosure:** These records have been disclosed to you from records of which confidentiality is protected. Any further re-disclosure is strictly prohibited. Any authorization specifying "Any and All" information will not be honored.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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PATIENT I.D. DATA:  
(name, DOC #, birthdate)

### AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I, \_\_\_\_\_, hereby authorize the use or disclosure of my health information as described below. The following individual or organization is authorized to make the disclosure:

**(INFO FROM)**            NAME: \_\_\_\_\_  
                                 ADDRESS: \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 \_\_\_\_\_

The type and date(s) of information to be used or disclosed are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Password (required for verbal disclosure): \_\_\_\_\_

Substance abuse/CD treatment records are also being requested (requires DOC form 14-172, Substance Abuse Recovery Unit Compound Release of Confidential Information, or equivalent)

Purpose for disclosure: \_\_\_\_\_

I understand that the information in my health record may include information relating to sexually transmitted infections, Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

This information may be disclosed to and used by the following individual or organization:

**(INFO TO)**            NAME: \_\_\_\_\_  
                                 ADDRESS: \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 \_\_\_\_\_

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department of the entity listed as (FROM) above. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or \_\_\_\_\_ (if left blank, authorization will expire upon release from DOC prison or six (6) months from date of signature, whichever is later).

I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524 and RCW 70.02. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and may not be protected by federal or state confidentiality rules. If I have questions about disclosure of my health information, I may contact the RHIA/RHIT/designee of the facility: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient  
(Do not sign if form is not complete)

\_\_\_\_\_  
Date  
(Patient to complete)

\_\_\_\_\_  
Last four digits of SSN                      Date of Birth                      DOC Number

Requesting provider: \_\_\_\_\_ Date mailed/faxed: \_\_\_\_\_

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DOC 280.500    DOC 380.430    DOC 390.585    DOC 420.110    DOC 490.850    DOC 590.100    DOC 590.320  
DOC 13-035 (03/13/2023)                      DOC 600.020    DOC 640.020    DOC 890.600                      LEGAL: Disclosures/Requests





**SUBSTANCE ABUSE RECOVERY UNIT COMPOUND  
RELEASE OF CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_

Agency(s) making disclosure: \_\_\_\_\_

**TYPE OF INFORMATION TO BE DISCLOSED/REDISCLOSED**

- Assessment summary
- Compliance/noncompliance reports
- Treatment admission/participation/attendance status
- Third-party release of assessment information, results, and treatment recommendations:
- Discharge/transfer summary
- Other: \_\_\_\_\_

Agency \_\_\_\_\_ Date completed \_\_\_\_\_

**PURPOSE FOR USE AND/OR DISCLOSURE/REDISCLASURE**

- Participant request
- Treatment compliance
- Mutual exchange of information
- Continuity of substance use disorder treatment
- Legal
- Other: \_\_\_\_\_

**RECIPIENT OF PROTECTED HEALTH INFORMATION**

Recipient(s), including any title, institutional class, group, or other affiliation, to disclose to or receive from (*must include address, fax, and/or email address for recipient*):

- Prison Rape Elimination Act (PREA) reporting and investigations
- Washington State Department of Corrections
- Washington State Department of Health (e.g., audits, PREA investigations)
- American Behavioral Health System
- Court: \_\_\_\_\_
- Judge: \_\_\_\_\_
- Prosecuting/Defense Attorney: \_\_\_\_\_
- Treatment agency: \_\_\_\_\_
- Other: \_\_\_\_\_

**REVOCAION, REDISCLASURE, DURATION**

I understand that this authorization cannot be revoked by me. I understand refusing to sign this agreement will result in a denial of services and will be considered failure to program, which may lead to a custody level demotion.

This consent expires automatically when there has been a formal and effective termination/revocation of my release from confinement, probation, parole, or other proceeding under which I was mandated treatment, or 60 days following discharge from treatment, or 90 days from the date of this signed consent, whichever is later.

\_\_\_\_\_ If I am requesting release of information to a non-criminal justice entity (e.g., family member, Department of Licensing, Department of Social Health Services). I understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it or 60 days following discharge from treatment.

**AUTHORIZATION**

I understand that my records are protected under federal regulations governing confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2, and cannot be further disclosed without my written consent unless otherwise provided for in the regulations. I have been provided a copy of this form.

Signature \_\_\_\_\_ Date of birth \_\_\_\_\_ Date \_\_\_\_\_

Employee/contract staff \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

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# The Journey Project Housing Rules

## Respect the Program

1. If self-paying:
  - a. Program Fees & fines are payable to The Journey Project.
  - b. Program Fees are due on the 3rd of each month.
  - c. Students will be charged a late charge of \$10.00 a day for any payments made between the 3rd & the 14th of the month
  - d. Unless arrangements have been made in advance, if your Program Fees have not been paid in full by 6 PM on the 14th of the month, you must vacate the premises.
- 1) All students shall attend the weekly community meeting unless cancelled by The Journey Project staff or prohibited by supervisory conditions or scheduling conflicts with essential trips.
- 2) All students shall attend Either the weekly Bible Study or Spiritual Advancement Class unless cancelled by The Journey Project staff or prohibited by supervisory conditions or scheduling conflicts with essential trips. Those who do not attend one class or the other, will be required to pick up, complete, and return a written assignment to their case manager.
- 3) All students shall attend the Monthly Social and contribute to the potluck dinner, unless cancelled by The Journey Project staff, or prohibited by supervisory conditions or scheduling conflicts with essential trips.
- 4) All students shall: attend case management meetings as scheduled, come to meetings with a completed weekly report, be prepared to discuss progress, goals etc., unless cancelled by The Journey Project staff, or prohibited by supervisory conditions or scheduling conflicts with essential trips.
- 5) All Phase 1 and 2 students are required to:
  - a) Get permission before leaving the property,
  - b) Sign out upon leaving the property and sign in upon returning.
  - c) Notify their Case Manager by text before leaving indicating where they are going, and
  - d) Notify their Case Manager by text upon returning.
- 6) Curfew is between 10 pm and 6 am.
  - a) Curfew means that you must be on the property during the prescribed hours. Excuse may be given for essential trips which require travel during the prescribed curfew hours.
  - b) If you cannot be back by 10 pm, you must call Your case manager before 10 pm and explain why and when you will be back
  - c) Anyone not returning by 10 pm will be considered missing and may be reported to their CCO and/or local police.
- 7) Do not Block, touch, adjust or unplug any security camera.
- 8) No minors are allowed on the premises. Ever!
- 9) No Alcohol or drugs (including marijuana are allowed on the premises.)
- 10) For safety and security, all students are to keep their porch lights on all night, every night.

## Respect the Law

- 11) Abide by all State, County and Local Laws
- 12) Do not interfere with the work of the Police or DOC staff.
- 13) Treat all Officials with respect.

## Respect the Building

- 14) Do not attach anything to the walls, ceilings or doors or any other part of the building. If you want to hang pictures, posters, etc. you may do so using removable adhesive hangers purchased from the House Manager, only after approval from and under direction of the House Manager.
- 15) Do not perform repairs to any part of the building or to any appliances or fixtures. If something needs repair, report it to the House Manager who may authorize you to perform the repair or arrange for repairs.
- 16) Treat the building with respect and care as if it were your own.
- 17) Do not cut food (or anything else) on the counters without using a cutting board.
- 18) Smoking is NOT allowed in any building or part thereof.
- 19) Smoking is not allowed within 25 feet of any door, window or air intake per RCW 70.160.075 and will be enforced.

**RCW 70.160.075 Smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited so as to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.**

- 20) For PacVil only:
  - a) You may smoke only in the designated smoking area.
- 21) Candles or incense allowed in shared units only by consent of all apartment occupants.
- 22) Do not pour or flush grease, paper towels, or flushable down any drain (they will clog the drain). Dispose of these items in the trash only. These will damage the drains. Repair cost at Massey Creek is \$4,000 which will be paid by the one violating this rule, or divided by the house members, if the violator is not identified.
- 23) Do not pour Drano down any drain of the Massey Creek house.
- 24) Practice recycling by putting all recyclables in the recycle bin, not in the garbage. Flatten all cartons before disposing. Twenty-dollar fines may be imposed for each incident of not flattening boxes and/or not recycling properly.
- 25) Each living unit is completely furnished, which includes but not limited to Stove, refrigerator, chairs, tables, lamps, chest of drawers, bed, mattress, dishes, artwork, rugs, window treatments, pots and pans, cooking utensils, etc. Collectively, hereafter referred to as JP Property. As a resident, The Journey Project is entrusting you with the care of all JP Property. You are responsible for the care of all JP Property. You are not to trash, give away or replace any JP Property in your apartment/room without written permission of The Journey Project. Likewise, you are not to add furniture to the apartment without written permission of The Journey Project. Any furniture added to the apartment/room becomes property of the Journey Project.

## Respect the Property

- 26) Do not cut or trim any trees or plants except under the direction of the House Manager.
- 27) Do not dig on the property except under the direction of the House Manager.
- 28) Do not plant anything on the property except under the direction of the House Manager. Planting in your own flowerpots or boxes is allowed only by permission of the house manager.
- 29) Do not feed animals, wild or domestic (unless they belong to you).
- 30) Do not feed ants or rodents by leaving open food, food scraps or dirty dishes. Clean up after each meal to assure nothing is left behind to attract these pests.
- 31) Pets are not allowed on Journey Project property. You may not have a pet in your living unit, yours, or anybody else's. This means no visitor's pets in your apartment and no pet sitting in your apartment.

## Respect Each Other

- 32) Treat others with the respect you would like to be treated with. Threatening, bullying, harassment, intimidation, or any other form of disrespect toward any staff or students will not be tolerated.
- 33) Assaultive behavior will be cause for immediate termination.
- 34) Sexual harassment, "locker room talk" or sexual joking will not be tolerated. Also, we do not permit intimate relationships with other participants while in our program.**
- 35) Always clean up after yourself. Do not leave you mess for others to clean up.
- 36) All dishes shall be cleaned, dried, and put away immediately after use.
- 37) Limit showers to 15 minutes maximum in shared apartments.

## **Rooms**

- 38) You will occupy your own room. You shall not sleep anywhere other than your assigned bed.
- 39) Do not enter another resident's room and/or apartment without their permission and presence.
- 40) As rooms and/or apartments become available, they will be offered by seniority.
- 41) NO PORNOGRAPHY ALLOWED. Not in your room, living unit, in your vehicle or anywhere on the premises, nor on nor in any digital storage device.
- 42) Your room and living unit are to be kept reasonably clean. All personal items must be neatly stored in drawers, the closet or under the bed. To avoid trip hazards, no personal items are to be on the floor except in the closet or under the bed. If you have more property than will fit in the allowed space, you will be asked to reduce your property.
- 43) All electrical cords and wires must be out of the way as to prevent tripping hazards.
- 44) You may not paint your room/apartment without permission from the House Manager.
- 45) Rooms/apartments will be inspected once weekly without notification.
- 46) Because of fire hazard and/or system overload concerns, no personal refrigerators, freezers, or heaters will be allowed (heaters will be allowed at PacVil only).
- 47) Do not store perishable food in your room. All perishable food must be kept in your assigned refrigerator space.
- 48) Do not eat food in your room. Eating allowed only in the kitchen, dining room, living room and/or outdoors.

## **Buying, selling, trading, Lending, and/or borrowing:**

- 49) Buying, selling, or trading anything valued at greater than \$20 must be approved and documented by the Journey Project staff. This is for your protection. If you lend anything of value to another resident, and he/she is arrested or otherwise incapacitated, the Journey Project staff will retrieve your item(s) for you, only if the loan was documented by JP Staff. Otherwise, you can write it off as a loss.

## **Chores:**

- 50) You will be assigned a daily and/or weekly chore. Everyone is responsible for always keeping the housing unit and property clean and presentable. For this purpose, all students are required to volunteer a minimum of 4 hours of work per week. (Note: once you complete 4 hours of work for a given week, you will not be required to work the rest of the week, except in the event of urgent work needing done. If you want weekends off, get your hours done early.)
- 51) Failure to do your chore within the recommended time may result in fines, other penalties and/or termination from the program.
- 52) All students are required to perform a minimum of 16 hours per month work toward the upkeep of the housing unit and property. Students will be fined \$5 per hour for each our short per month. Repeated shortages may result in termination from the program.

## **Laundry:**

- 53) Laundry hours are: 8 am to 10 pm Monday through Sunday. No laundry shall be started after 8 pm. Evenings and Weekends will be reserved for those who work during the day.

## **Quiet hours:**

- 54) Quiet hours are in effect 10 pm to 8 am daily.
- 55) Stereos, TV's & loud talking must not be so loud as to disturb others.

## **TV/living room/game room use (where applicable):**

- 56) There are no time restrictions on personal TV time use.
- 57) Time restrictions apply to all community TVs (see house manager for restricted hours.)
- 58) Community TVs are on a first come, first served basis.
- 59) Do not attempt to add new channels to any community TV. Only the Program Manager can add or delete channels.
- 60) Your personal TV, Music Player etc. shall not be heard outside of your room/apartment. If you need more volume, put on a set of headphones.
- 61) Personal TVs are allowed only at Pacific Village Apartments
- 62) If staff determine you are spending too much time watching TV in your apartment/room, you may lose the privilege of having a TV in your apartment/room.

## **Fires:**

- 63) Do not use the fireplace or build outdoor fires without first getting permission from the House Manager.
- 64) Read and understand the Outdoor & residential burning information sheet and abide by all laws when using the fireplace or building outdoor fires.

## **Motor Vehicles:**

- 65) A maximum of one motor vehicle per resident is allowed. Motorcycles count as a motor vehicle. You may not have both a vehicle and a motorcycle.
- 66) You cannot park a vehicle on any Journey Project property without prior permission, from the program manager. Parking spots will be assigned as needed. You may park only in your assigned parking spot.
- 67) Any vehicle parked without permission may be impounded. This includes visitor's vehicles.
- 68) Motor vehicles must be registered in the student's name.
- 69) Student must show proof of registration, driver's license, vehicle license and insurance in resident's name or vehicle will not be able to park on the property. (Exception maybe made for work vehicles.)
  
- 70) If your motor vehicle becomes disabled, it needs to be fixed within 1 week or removed from property or it will be towed at your expense. Allowances may be approved by the Program Manager for special circumstances.
- 71) You may repair vehicles on the property, only if you are the register owner, and the vehicle cannot be driven off the property without being repaired. Vehicle must be inspected and approved by the Program Manager before allowed on the property.
- 72) Vehicles which drip fluids will not be allowed on the property, and upon discovery must be removed immediately.
- 73) Vehicles which violate any of the above listed rules may be towed without warning at the vehicle owner's expense.
- 74) All vehicle radios shall remain turned off while on Journey Project property.
- 75) Vehicles may not be washed on Journey Project property except by special permission.

## **Other Modes of Transportation**

- 76) Bicycles, including eBikes do not count as a motor vehicle but are limited to one per person.
- 77) The Journey Project is not responsible for stolen or damaged bicycles. Make sure you keep them locked and in a safe place.
- 78) Due to fire hazards, bikes, hover boards, scooters or any other products which use Lithium-ion batteries are not allowed inside any Journey Project building.
- 79) Likewise, Lithium-Ion batteries are not allowed inside any Journey Project building.

## Visiting Rules:

- 80) Guests are welcome anytime between 8 am and 9 pm and must always be accompanied by the host.
- 81) The program manager must be notified by text of any guests on the property. A text sent to the program manager stating the name of visitor and who they are visiting will suffice as notification.
- 82) At Massey Creek, visitors are not allowed in the absence of staff.
- 83) Any guest vehicles parked on the property must be registered with the Program Manager or risk vehicle being towed. Registration can be done by texted the following to the Program Manager: vehicle make, model, color, license plate, name of registered owner and person be visited.
- 84) At Pacific Village, guest may park only in the upper graveled parking area or risk vehicle being towed. Under no circumstances are they to park in an assigned parking spot.
- 85) Guests are not allowed in student's apartments at Pacific Village except by pre-approval of The Journey Project staff.
  
- 86) Guests are not allowed in any bedroom except by pre-approval of The Journey Project staff.
- 87) At Pacific Village, phase 1 students are not allowed visitors in their apartments unless they request and have an approved exception for a special circumstance.
- 88) Hosting students are responsible for assuring guests follow all rules. Visitors who violate any rule can and may be barred from future visits.
- 89) Visits of more than 3-hours must be preapproved for each visit.

## Miscellaneous Rules

- 90) Registering, licensing, or operating a business on any Journey Project property is prohibited.
- 91) Joint ventures, financial accounts, or service accounts are prohibited.
- 92) Sharing personal service accounts is prohibited, including phone, cable, and/or internet.
- 93) Sharing personal internet connected devices is prohibited.
- 94) Possession or use of vaping devices on Journey Project property are prohibited.

**\*Any fines collected will be kept in a fund to be used for program events and/or outings.**

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By my signature I certify that I have read and/or have had read to me this document and received a copy thereof.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_