**The Taylor House**

**Policy and Procedure Manual**

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**Hours of Operation   
Monday - Friday 8:00am-4:30pm  
Saturday - Sunday 10:00am-4:00pm  
  
  
MISSION STATEMENT:**From homelessness to housing stability, we provide shelter, food, support, and solutions to address the housing needs in our community.

**VISION STATEMENT:**

Taylor County Supportive Housing is here to provide safe, temporary housing as well as basic needs to families and individuals who are experiencing homelessness. From connecting clients to services and resources in the community to offering encouragement, respect, and hope as well as promoting self-sufficiency and pursuing permanent housing.   
**.**

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**INTAKE  
  
Policy:** The Taylor House provides temporary shelter for Taylor County individuals over the age of 18 and families with children of all ages. They must meet HUD’s definition of homeless under category 1.  
  
**Procedure:**

The Taylor House is a short-term emergency residential program created to provide families, single women, and single men who are homeless with up to 90 days of shelter and case management services. The purpose of the program is to provide individualized case plans that are designed to increase economic self-sufficiency, increase individual self-confidence, reduce dependency on public assistance, improve parenting and individual living skills, address any mental or physical health problems. We work together with the residents to reach the goals we set together to help secure permanent housing.  
  
During intake, a copy of the resident’s driver’s license or ID will be taken (if available, and over the age of 18) and placed in client’s file. A background check will also be completed and placed on file, upon intake.   
  
After all paperwork is complete, including referrals to supportive services, a staff member will give an adequate tour of the facility. Further explaining rules and expectations.

**Availability**  
When beds are available the shelter waiting list should be called to fill the openings in the following manner:

* + - 1. Call the families that have been waiting the longest for shelter.
      2. Call as many people on the waiting that you have space for.
      3. Call families with children first.
      4. Wait 24 hours for a response, if there is no response the keep going. down the list.

**INCIDENT AND INJURIES**  
**Policy:** First evaluate the extent of the injury to see if emergency medical services are needed.  
  
**Procedure:**   
  
Follow standard First Aid or CPR rules learned in training program.  
Notify the Director of incident.  
If able, have injured party, and all witnesses fill out an incident report.  
**FIRST AID/CPR**

**Policy:** Staff shall be trained in CPR and first aid if available.   
  
First Aid/CPR training will be provided annually or more often if needed to all staff whose position requires such knowledge.

At least one staff person will be CPR/First Aid certified with copy of such certification maintained in employee’s personnel file.

The Director will maintain a record of certification dates and will arrange for recertification of CPR skills.

First Aid Kits will be kept in marked gray cabinet in the pantry.

Kits will be monitored and replenished as needed by Director.  
  
**Procedure:**  
Assess situation to determine the extent of the injury to see if 911 should be called.  
Follow standard First Aid or CPR rules learned in training.  
If able, have witness/injured parties fill out incident report.  
Reports will be kept in clients/employee’s file.  
Director will call insurance company.

**CRISIS BEHAVIOR MANAGEMENT**

**Policy:** Our Director and staff will be trained to deal with disruptive, combative clients.

**Procedure:**

**1. Under the influence of drugs and or alcohol**  
Assess situation as to violent or nonviolent:  
If violent make sure staff and residents are safe and contact 911.  
If nonviolent determine the situation warrants a drug test.  
Based on the results of testing:  
  
 **1.** Call police to transport client to emergency room.  
 **2**. Ask resident to find alternative living arrangements within 2 hours.  
 **3.** Assist with rehabilitation referrals.  
  
**Threatening to hurt self or others**

Have all other residents remove themselves from the area of the person that is making threats. Call 911 immediately for assistance.

**EMERGENCY AND DISASTER PROCEDURES**

**Policy:** All staff will be trained to assess each situation and steps that come next to ensure resident safety. Emergency kit will be on top of the refrigerator, labeled with all items needed to ensure you will be safe.  
  
**A. Fire,**

* When a fire *is* discovered, staff will call 911
* Staff shall attempt to extinguish fire
* If fire cannot be extinguished, all residents and staff will proceed to the nearest safe exit
* Everyone should remain there until an “all clear” signal is received from the fire department
* Staff will ensure everyone is accounted for by using the resident list
* Director will be notified after all is clear
* Incident report to be completed by Staff or Director as soon as safely possible

**B. Tornado**

* We will stay tuned to local radio for any severe weather updates. In case of the potentially inclement weather the radio will be on and clients advised that they may need to take shelter.
* The Director or Staff will ensure everyone has made it to the designated area and will compete an incident report.

**C. Power Outage**

* Staff will first check the circuit breaker panel. If that does not fix the problem, the following steps should be followed:
* Report the outage
* Secure flashlights
* The Director will complete an incident report as soon as power has been restored

**D. Client/Staff/Volunteer Injury/Suicide attempt**

* Assess injuries to determine if 911 should be called
* If 911 is called, the injured person should be kept in a calm and safe area, and all staff should remain with him/her until paramedics arrive
* If 911 is not necessary but minor medical attention is required, the individual will transport themselves to a medical facility
* Notify the Director
* If the injury is to staff, appropriate worker’s compensation procedures would be followed
* Incident report to be competed

**2. Bomb Threats**

* Call 911 and begin evacuation procedures (to be developed) Director will fill out incident report

**Emergency Transportation:** In the event of a life threating emergency, staff on duty will call an ambulance. The Taylor House Shelter will not be responsible for charges Incurred by this service. The resident will be solely responsible for ambulance fees.

**WARRANTS/ARREST  
  
Policy:** The Taylor House does not allow residents with active warrants. If a warrant for a resident’s arrest is issued while they are a resident of the shelter, they will need to make appropriate arrangements with an attorney or the court immediately.  
  
**Procedure:**

If an officer of the court comes to Taylor House with proof of a warrant for a resident’s arrest, signed by a judge, we will have to release that person to the officials. Resident will need to make arrangements for their belongings.

**SEX OFFENDERS**

**Policy:** No sex offenders will be allowed on the premises.   
  
**Procedure:**  
  
Check will be done at Intake on National Sex Offender Registry.

**WEAPONS**

**Policy:** Firearms, ammunition, explosives, pocket knives, or any weapons (including any item intended for harm to another person) are strictly prohibited from being on the Taylor House property.   
  
**Procedure:**   
  
The Director has the right to escort any persons in violation of these rules off the property and contact proper authorities.

**SUBSTANCE ABUSE  
  
Policy:** The Taylor House enforces a drug and alcohol-free environment.

**Procedure:**Under any circumstances if a resident is on, brings in, sells, manufactures, or dispenses any illegal drugs while staying at the shelter, law enforcement will be notified. Abusing legal drugs, or being under the influence of alcohol is not permitted. All residents are subject to random drug and alcohol testing.

**SMOKING POLICY**

No smoking is allowed in the shelter or by the front entrance.  Smoking, including electronic cigarette smoking, vaping and smokeless tobacco (chew) is allowed only in the designated area.  The designated smoking area is outside the side door off the sitting area only.  There is a receptacle provided at this door.  Please be sure to clean up after yourself.

If you feel you need a cigarette after curfew, you may use the designated area to do so.  Keep in mind it is still expected you will be back in the building after you are done and are still not allowed to leave the property after curfew or you may face a warning either verbally or written.

**SEARCHING PROCEDURES   
  
Policy:** The staff has the right to physically inspect any of resident’s possessions.

**Procedure:**  
This is for the protection of the staff and its residents. For any contraband items found the resident could be asked to discard the items, or be exited from the program depending on the seriousness of seized items.

**BIOHAZARD PROCEDURES/ INFECTION CONTROL  
  
Policy:** Director, staff and volunteers will be trained in handling blood borne pathogens. All blood and bodily fluids of all persons will be treated as potentially dangerous.

**Procedure:**If exposure of bodily fluid occurs, persons would take the following steps:  
If exposure is by mouth flush with water, then antiseptic or peroxide if available.  
If exposure is to eyes flush eyes immediately.   
if exposure is to skin wash with soap and water and follow with antiseptic.Director/staff/volunteers must wash hands thoroughly after they have removed gloves. All wastes of sharps, biohazards or other potentially infectious material are to be disposed of in designated containers immediately.  
Gloves, and cleaning materials which may be contaminated are to be disposed of in biohazard containers.  
Sharps/biohazard containers go to local pharmacy for disposal.  
Resident’s use protective coverings on mattress and pillows.  
Resident’s will be searched upon entry. Then resident must bathe/shower and wash all machine washable soft goods and things that cannot be washed must be placed in the dryer for 30 minutes.   
**CONFIDENTIALITY  
  
Policy:** The Taylor House shelter takes our residents confidentiality very seriously.The confidentiality of the residents of The Taylor House is protected by federal law and regulations. We may not verify a resident resides in The Taylor House, or disclose any information identifying a resident as homeless or a recipient of shelter and/or services unless any of the following take place:  
  
The resident consents in writing or the disclosure is allowed and or mandated by a court order.  
The resident commits or threatens to commit a crime either at the shelter, against staff, or volunteers who work for the shelter.  
  
Federal law does not protect child abuse or neglect and will be reported to the appropriate agencies. Federal law does not protect illegal activities such as drug use.

No recording or picture taking of the shelter or its residents will be allowed without a signed consent from the resident and approved by the director.  
  
**THE TAYLOR HOUSE AUTHORIZATION FOR RELEASE/EXCHANGE**   
**OF CONFIDENTIAL INFORMATION FORM**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above-named person must indicate when this authorization is to expire by initialing the applicable box**

|  |  |
| --- | --- |
|  | **One time release/ when information is exchanged/released** |
|  | **In one (1) month.** |
|  | **In six (6) months.** |
|  | **In one year (12 months).** |
|  | **Other as detailed by participant.** |

**The person named above hereby authorizes:**

The Taylor House (indicate program)

**To: (initial)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Request information from |  | Send information to |
|  | Discuss information with |  | Receive information from |

**The Program/Representative as indicated below:**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Provider/Agency |  | |
| Address |  | |
| Phone |  | Fax: |
| Email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Coordinate Transportation |  | Coordinated service/s other agency or landlord |
|  | Homeless Liaison |  | Other: |

**Purpose for the disclosure/release of information: (initial)**

**The above-named participant has the following rights:**

* This authorization is effective for the above requested and authorized information only. You may ask for and receive a copy of this authorization form.
* This authorization will expire on the date indicated above. Additionally, you may revoke this authorization at any time by submitting a written request to this program. Your revocation will be honored except to the extent that has already been acted upon in good faith while in force.
* You have the right to inspect the information you are authorizing to be released.
* The information you are authorizing to be released could be re-released or disclosed by the recipient. Such additional disclosures or releases may not be prohibited by law. **We are not responsible for the actions of others** who may be provided with information released as a result of this authorization.
* You may refuse to sign this authorization. Such refusal will not affect your ability to obtain services except to the extent that the information being requested may be needed to assist staff in determining appropriate service delivery.
* Unless otherwise specified by law, we will release only that information which has been created by this program, Advocate, or Representative of The Salvation Army. Records created by and available from other providers must be obtained directly from those other providers or facilities.
* There may be a fee associated with the copying of your records. For personal use, you are entitled to one (1) copy of your requested information free of charge per release. Contact the site administrator for additional information about applicable copying fees.

AUTHORIZATION

**Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature or Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship of authorizing person to participant: \_\_\_\_\_Parent \_\_\_\_\_Guardian \_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Note to Recipient of Information**\*

This information has been disclosed to you from records whose confidentiality is protected. You are prohibited from making any further disclosure of this information without the specific written consent of the person whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.

**BUILDING MANAGEMENT**  
  
**Policy**: The Taylor House shall maintain the facility in a manner that ensures the physical safety and comfort of residents and staff  
  
**Procedure:**

The Taylor House is responsible for maintaining the property. They Taylor House is responsible for repairs and or seeking outside vendors for repairs. This includes routine cleaning by staff and residents living within the facility. The Taylor House is responsible for all required inspections of the building – i.e. fire, safety, electrical, plumbing, etc. and extermination for pests.

**TRANSPORTATION/VEHICLES   
  
Policy:** All residents are responsible for arranging their own transportation. We will provide referrals for all forms of public transportation.   
  
**Procedure:**  
  
Residents who do not have a valid driver’s license cannot park their vehicles on the Taylor House property. Residents are required to register and insure the vehicle with the shelter within 1 week of placement. All vehicles that are parked at The Taylor House must be drivable and not leaking hazardous materials or they will not be permitted. Parking spots will be designated by the director. Referrals for transportation will be located on the community board.  **VOLUNTEERS**  
  
**Policy:** All volunteers will receive a brief orientation to help them further understand our mission and programs. All volunteers get a copy of the policies and procedures manual.  
  
**Procedure:**  
After volunteer application form and criminal history background check form is complete,  
A tour and brief discussion of operations will be done by director.   
Volunteers must sign in and out when volunteering inside the facility.  
Volunteers must wear a Taylor House Shelter Volunteer badge while inside the shelter while volunteering, lanyards will be given out at the time of volunteering.

**VISITOR PROCEDURE**No visitors are allowed on The Taylor House property at any time.

**ACCESSABILITY**The Taylor House will take all appropriate and reasonable steps to ensure the accessibility of the facility to individuals with disabilities in compliance with the ADA act.

**RE-ENTRY POLICY**  
 **Policy**: On occasion an individual may need to return to shelter after completing the program. Those individuals/families can be re-admitted to the shelter if they meet the guidelines established.  
  
**Procedure:**  
The client must complete intake again and the decision of re-entry shall be left up to the Director.  
  
**Some individuals will not qualify for re-entry, see list below for possible reasons to deny re-entry:**The individual was exited due to a rule violation, ie suspected or charged with dealing or use of drugs, weapons, threating or harming staff and residents.  
 **CASE PLAN/PROGRESS GUIDELINES  
  
Policy:** Taylor House shall have an established procedure to develop individual case plans for all residents served by Taylor House.  
 **Procedure:**The resident’s case plan and goals are developed jointly with the resident and case manager individualized to the specific needs of each resident. The director will assist clients in taking the next steps necessary to achieve the goals set. The director will be available to help you while you are in the shelter and after you exit the shelter to help you succeed. The director will review and document progress made on individual goals and help establish next steps in plan.

**Progress Guidelines**:  
  
Individual goals will be developed for each case. Staff and residents will review and document progress made on individual goals and make necessary modifications if needed. resident’s meeting shall be held weekly at which staff will review progress made by resident toward specific goals. 75% of income needs to be saved for housing*.* Residents must work actively with their Case Manager or appointed staff on resolving their homelessness. When a resident exits the program, they are encouraged to fill out an exit survey.

## EXIT POLICY: Policy: After an exit from the resident cannot re apply for shelter for 90 days, and reentry is at the discretion of the director.

A stay at Taylor House is typically 90 days, with the possibility of an extension at the discretion of the director.

**Procedure:**All residents are asked to leave their new address and phone number, if possible. Aftercare services are available to provide case management, advocacy and support to our former residents. This component is designed to prevent occurrence of homelessness and to enhance your housing stability.   
  
When resident exits shelter they must clean the room, strip bed sheets, and turn in any towels/linens. All of the residents’ personal belongings must be taken with when they exit the program. We will not be responsible for any personal belongings after three days. **Any item left at the shelter after 3 days will be considered a donation.**

**The Taylor House Exit Survey**

Thank you for taking the time to complete this voluntary survey. Your feedback is very important to us, and will help us plan and improve our shelter services. Please answer honestly – there are no right or wrong answers. All information will be held confidential. In appreciation for completing the survey, you will receive a $5.00 Kwik Trip gift card.

1) Month and year you exited the shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Approximate number of days you stayed at the shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) During my stay in the shelter, I have set goals and achieved them: ⃝ Yes ⃝ No

4) Because of my stay, I know about more community services: ⃝ Yes ⃝ No

5) I am more hopeful about my future: ⃝ Yes ⃝ No

6) I believe I will continue to achieve the goals I set for myself: ⃝ Yes ⃝ No

7) I have found stable housing I can afford: ⃝ Yes ⃝ No

8) Staff understood me and my situation and provided helpful

Resources and guidance during my stay at the shelter: ⃝ Yes ⃝ No

9) Staff treated me with respect: ⃝ Yes ⃝ No

10) Staff was caring and supportive: ⃝ Yes ⃝ No

11) I would rate my stay here overall as:

⃝ Very helpful ⃝ Helpful ⃝ A little helpful ⃝ Not helpful

12) If a friend of mine was thinking about coming to The Taylor

House for help, I would:

⃝ Strongly recommend they come ⃝ Recommend they come

⃝ Recommend they not come ⃝ Strongly recommend they not come

13) Please explain what was most difficult about your stay at The Taylor House

14) Please explain what was most helpful during your stay at The Taylor House

Exit Survey Page 2

15) Please tell us about the services you received during your stay at The Taylor House:

Doesn’t apply I wanted this I received I received

to me/I didn’t help, but didn’t some of the all of the help

Services need this receive it help I wanted I wanted\_\_\_\_

Safety for myself ⃝ ⃝ ⃝ ⃝

Safety for children ⃝ ⃝ ⃝ ⃝

Understanding of

domestic violence

and sexual assault ⃝ ⃝ ⃝ ⃝

Reconnecting with

my community ⃝ ⃝ ⃝ ⃝

Budgeting and

handling my money ⃝ ⃝ ⃝ ⃝

Child Protective Srvcs ⃝ ⃝ ⃝ ⃝

CPS Assistance ⃝ ⃝ ⃝ ⃝

Ideas to handle stress ⃝ ⃝ ⃝ ⃝

Finding housing I

can afford ⃝ ⃝ ⃝ ⃝

Parenting concerns ⃝ ⃝ ⃝ ⃝

Childcare ⃝ ⃝ ⃝ ⃝

Peer support ⃝ ⃝ ⃝ ⃝

Finding a job or

source of income ⃝ ⃝ ⃝ ⃝

Emotional support

for myself ⃝ ⃝ ⃝ ⃝

Leaving a

relationship ⃝ ⃝ ⃝ ⃝

W2/other benefits ⃝ ⃝ ⃝ ⃝

Legal help ⃝ ⃝ ⃝ ⃝

Help with

restraining order ⃝ ⃝ ⃝ ⃝

My abuser’s arrest ⃝ ⃝ ⃝ ⃝

My own arrest ⃝ ⃝ ⃝ ⃝

Divorce related

Assistance ⃝ ⃝ ⃝ ⃝

Exit Survey Page 3

Doesn’t apply I wanted this I received I received

to me/I didn’t help, but didn’t some of the all of the help

Services need this receive it help I wanted I wanted\_\_\_\_

Custody or

visitation questions ⃝ ⃝ ⃝ ⃝

Immigration

assistance ⃝ ⃝ ⃝ ⃝

Childcare issues ⃝ ⃝ ⃝ ⃝

Child discipline or

monitoring ⃝ ⃝ ⃝ ⃝

Conflicts with other

clients in shelter ⃝ ⃝ ⃝ ⃝

Conflicts with staff ⃝ ⃝ ⃝ ⃝

Respect for my

culture & customs ⃝ ⃝ ⃝ ⃝

Food choices

available ⃝ ⃝ ⃝ ⃝

Transportation

needs ⃝ ⃝ ⃝ ⃝

Communication

(language barriers) ⃝ ⃝ ⃝ ⃝

Mobility within

shelter ⃝ ⃝ ⃝ ⃝

Privacy in shelter ⃝ ⃝ ⃝ ⃝

Need for personal

care items ⃝ ⃝ ⃝ ⃝

Smoking policy ⃝ ⃝ ⃝ ⃝

Respect for my

confidentiality ⃝ ⃝ ⃝ ⃝

If you would like us to follow up with you on any items from this survey,

please provide your name and phone number below. Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone

**RESIDENT RECORDS/ RETENTION  
  
Policy:** All records will be kept confidential.

Case records are maintained for many different reasons including the following:  
  
Providing effective service, they are essential to current goal planning and case management. Funding review and advisory organizations demand documentation of the work done.   
  
All resident’s files will be kept for 7 years after inactive, unless required by law.   
  
All stored records, including electronic records, are kept in a safe, secure and locked fashion. Access is limited to authorized personnel. All transferred records are confidentially listed as to date of transfer and storage destination.

**NONDESCRIMINATION POLICY/GRIEVENCES  
  
Policy:** All of our services are provided without regard to race, religion, color national origin, gender, sexual orientation, marital status, age or disability.   
  
**Procedure:**

Residents may fill out a grievance form at any time. Residents are given Grievance forms at the time of intake and they are also available outside the directors’ office for client and employee use. Mailing information is on the form. The Letter will be sent directly to the board president (or another Board Member if the President is not available). The resident shall will be contacted within 5 business days.  
  
The Taylor house does not exclude, deny benefits to or otherwise discriminate against any person on the grounds of race, color, national origin, age, sex, religion or disability. This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the regulations of U.S. Department of health and human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

**The Taylor House  
 Request for Reasonable Accommodation**

Name of Head of Household

Name of family member requesting reasonable accommodation

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a disability as a physical or mental impairment which substantially limits one or more of a person’s major life activities, a record of having such impairment or being regard as having such impairment.

Based on the above definition, I consider myself to have a disability. Yes No

As a result of my disability, I am requesting a reasonable accommodation in order to have an equal opportunity to participate or benefit from The Taylor House shelter or housing program.   
Yes No

As a result of my disability, I am requesting the following accommodation(s):

As a result of my disability, the above accommodation is necessary because:

Client Signature: Date:

Accommodations arrangements to be made:

Staff Signature: Date:

Accommodations request Accepted Denied\_\_\_\_\_\_\_\_\_\_\_

Accommodation request denied because of:

All decisions regarding the approval or denial of accommodations requests must be shared with Director for final approval.

**GRIEVANCE OR APPEAL PROCESS**

**If you feel you have been treated unfairly, discriminated against, or do not agree with the type or amount of service provided, please follow the instructions provided below.**

How to file a grievance or appeal:

You must submit the completed form on the back of this page within **3 working days** of the action or service provided. You can either hand deliver or mail the form to:

Taylor County Supportive Housing  
The Taylor House   
Att: Jessica Mudgett  
242 S. 2nd St.  
Medford, WI 54451

***What happens after I’ve submitted the form?***

The President has 24 working hours to respond either by a phone call, email or in writing to your appeal. A written response will be mailed to the address you list on the back. If you are requesting a meeting also, you must leave a phone number where you can be reached. Please indicate which method of contact you prefer.

***What can I do if I don’t agree with the written response or decision, I receive back?***

If you are not satisfied with the decision or response you receive, you can appeal that decision or response to **JESSICA MUDGETT** within **3 working days** of the response you receive. You can schedule the meeting in person, or by calling 715-748-1456.

Additional contact options for recipients of TEFAP/CACFP other govt. sponsored services who feel they may have been discriminated against:

USDA Director, Office of Civil Rights, 1400 Independence Ave., SW, Wash., DC., 20250-9410 or call toll free: (866) 632-9992 (voice). TDD Users: (800)-877-8339 or (866)-377-8642 (voice relay users).

**You Have The Right To Obtain Legal Representation At Any Time.**

Grievance Form

Date of Incident: \_\_\_/\_\_\_/\_\_\_ Day of Week:

Time of Incident: Location of Incident:

Name of person making complaint:

Name of person complaint is against:

Name of staff witness / involved: Name of other witness(s):

Description of what happened (continue on back if necessary):

Signature of person making complaint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**For Office use only:**

Interviewed: How Involved: Staff Name:

Action(s) taken:

Disposition: By Staff Member: Date: Reviewed by:

**RELIGIOUS SERVICES**  
**Policy:** We will provide referrals to pastors or chaplains of faith communities upon requests, Lists will be available on the community board. **Procedure:**   
  
Clients are free to attend religious services and events of their choice.  
They are responsible for obtaining their own transportation. **RESIDENT’S RESPONSIBILITES****Curfew:**  The building’s hours are 6am-10pm. There is a strict curfew 7 days a week, with the exception of those working a second or 3rd shift job, NA/AA classes or any pre-approved activity. **Laundry:** Laundry days will be any days of the week. Your sheets and pillowcases must be washed weekly. **All incoming laundry/soft items must go through the dryer for 30 minutes before it can be put in the shelter.**  **Telephone:** We do have a phone available. There is a limit of 15 minutes per call. General business calls or medical calls may extend past the 15 minutes. This phone cannot be used after 4:30pm-6am unless to call the director with an emergency situation. The phone will be in the house managers room after 4:30pm. Calls that sound argumentative will be disconnected. **Food and Drink:** No food or drink may be consumed in the rooms, **except for water and 1 flavored drink at a time, and the garbage must be removed the same day.** All food must be consumed in the dining room.

**Clothing:** The Taylor House is a co-ed family environment. Full and proper clothing must be worn at all times outside of your room.

**Unacceptable items:** Pornography, illegal drugs, alcohol, drug paraphernalia or weapons are not permitted on property.  
  
**Unacceptable behavior:** Stealing, lying, profanity, abusive language, purposefully irritating another, physical abuse, sexual harassment or the threat of violence is not tolerated.

**Shared House Responsibilities:** The shelter requires reasonable duties for each program participant to maintain cleanliness, safety, and health for all at the shelter. There are shared responsibilities that are assigned daily to each adult resident. You are responsible for completing your chore/s as assigned. You are responsible for completing your chore/s each day before 9:00 PM. Minor children are not allowed to do your chore/duty. Once you have completed your chore/s, please sign off on the chart. It is your responsibility to clean up after yourself and your children in common areas, inside the shelter, outside of the shelter, in the dining room and in your room.

**CHILDREN’S RULES  
  
Policy:** The children’s guardian and the children’s guardian alone are responsible for the care of the child/children.  
  
**Procedure:**

Please be aware that any and all staff or another resident cannot be responsible for the care of other resident’s children.

If all resources are exhausted, residents can watch each other’s kids, as long as there is an agreement between the residents.   
  
The Taylor House shelter wants to provide each and every client with a safe and supportive environment. No violence such as spanking, hitting, or screaming is allowed at this facility. Please be aware that The Taylor House is mandated reporter of child abuse.

Children age 10 and older can be in the common areas inside without supervision.   
Children 10 or younger must be supervised whenever they go outside. If a sibling is 12 years or older, they may supervise their younger sibling outside.  
  
Wisconsin law mandates that all children must attend school within 72 hours of shelter admittance. Shelter staff can assist you with making arrangements with the school’s bus service.  
  
All children must be in their rooms by 9 PM Sunday - Thursday during school months. During the summer months children are allowed to be up until 10 pm, if issues arise this will be revoked.

Children are **not** allowed in other resident’s bedrooms. This is for the safety of every resident.  
  
The community TV, VCR/DVD player and the stove are to be handled by adults only.

**SERVICE ANIMALS  
  
Policy:** With proper documentation, licensed service animals are permitted at The Taylor House but must be on a leash at all times in the common area and outside for the protection of other residents. **Procedure:**The owner is responsible for providing food and supplies for their service animal.  Animal must be kenneled any time resident is not in the room.  Interaction with other residents and the animal is not recommended.  Volunteers and staff must ask the owner’s permission to interact with the animal. If a problem arises the animal may be asked to leave per discretion of the Director.

There is a designated area of the yard near garbage receptacle where you will take your leashed pet, animal waste clean-up and disposal is required immediately.

All service animals **MUST** be licensed, certified, and up to date on all vaccinations.  Proof of the certification will be kept in the clients file along with **verification of the animal’s mandatory vaccinations and dates the next vaccinations are due.**

The owner is solely responsible for the conduct and care of their service animal.  If the owner fails to satisfy this obligation, The Taylor House will attempt resolution of the problem before the animal is asked to leave and be fostered where reunification can happen upon exiting our program.   
  
**The Taylor House may exclude a service animal from the facility if:**

* The animal is out of control and the owner does not take effective action to control it
* The animal is not housebroken; or
* The animal poses a direct threat to the health or safety of others that cannot be eliminated or reduced to an acceptable level by a reasonable modification to other policies, practices and procedures. The threat must not be perceived, but based on the animal’s actual conduct.
* Any additional costs (e.g., damage to property) are the responsibility of the owner.

**THERAPY AND EMOTIONAL SUPPORT ANIMALS  
Policy:**

No pets are allowed in the shelter.

The “no pet” policy above does not apply to service animals. A service animal is not a pet.

The owner of the service animal has the responsibility to care for and feed their service animal.

When a client asks to bring an animal with them to shelter, there are two questions that can legally be asked:

* Is this a service animal that is required because of a disability you have?
* What tasks or work does this animal perform for you, related to your disability?

**Definitions/Information**

***Service animal***: An animal that has been individually trained to provide assistance or perform tasks for the benefit of a person with a physical, sensory or mental disability.

***Certification:*** Service animals do not require any kind of certification. They can be trained by professionals or individually by the person with the disability.

***Emotional support animal:*** This describes a type of service animal. Increasing numbers of people with emotional or psychological disorders are finding an animal helps alleviate their symptoms.

**Procedure:**

Once staff have determined the animal is a service animal, a resident should be allowed to bring the animal with them to shelter

If a client is asking to bring a pet with them to shelter that is not a service animal, staff should inform them of the “no pet” policy and discuss options for safe housing of their pets off site. This might include having the pet fostered by a family we work with that will keep the pet until stable housing if located or the client may find a friend or relative to take the pet.

**Wisconsin Law** requires owners of dogs have their dog current on the rabies vaccination. Program participants must show this to the Shelter Director. Local law requires that dogs and cats have a current license. Program participants must show proof of this, as well. **The animal must be licensed and vaccinated**. This information must remain in the client’s file.

The program participant has the responsibility to ensure the care for and supervision of the animal. Service animals must be housebroken, and the owner should clean up after the animal. Plastic bags should be used to pick up feces, tied off and thrown in the dumpster immediately.

The program participant must ensure the animal is under control at all times. This control means that while the animal is in common areas or around other participants, it is on a leash, in a carrier, and under the control of the owner. Working service animals are allowed to accompany their owner in all common areas. When the animal is working it must always be under the direction and control of the owner. When the service animal is not working, we ask the owner to keep the animal in their room, in a kennel or crate.

Staff and other residents should not pet or play with a service animal when it is working. Staff should be prepared to explain the presence and function of the animal without breaching the confidentiality of the client to other residents. Remember that the client’s confidentiality includes the nature of their disability. Staff should ask the client what they are comfortable sharing about themselves and their animal and the function it performs before sharing that information with other residents. Service animals should be listed on the resident bulletin board, so that staff are aware of the animal’s presence and their name.

The owner of the service animal has the responsibility to care for and feed their service animal. Animals that have fleas should be treated with a commercial product that can be applied to the animal’s back and doesn’t expose people to airborne insecticides. This generally rids the animal of fleas within 18 hours. If the animal is infested with fleas, it should be treated before coming to shelter.

If the service animal is disruptive, out of control, not housebroken, poses a threat to the health and safety of another client, or is interfering with programming, the Director may give the client a warning that his/her animal may need to be removed if the participant cannot get the animal under control. If the behavior continues, or if the behavior is dangerous (growling, threatening to bite), the participant may be asked to remove the animal immediately and told the animal may not return.

If the participant is asked to remove the animal, staff should make clear that the participant is welcome to continue with the program without the animal.

**MEDICAL CARE FOR RESIDENTS  
  
Policy:** The residents of the Taylor House have a right to medical care.

The director will provide referrals for medical care at the expense of the resident.   
Residents shall be responsible for their own medications. A record shall be kept in residents file of medications they brought in with them, along with any newly prescribed while staying in at the Taylor House. All medications are to be securely locked in resident’s rooms. A medication count will be done daily to ensure medication is taken properly. We do have a pharmacy within walking distance of the shelter. If you need a number to contact the pharmacy to get your prescriptions changed over, please ask the director.  
  
The resident alone is responsible for their own rides to seek medical care. The staff can refer you to transportation services available.   
  
If you have a mental health issue, you are required to discuss this with the director. The director will help you with outside treatment services in our area. If medication is prescribed by a health professional, you must take medications as prescribed. If mental health issues go untreated, you refuse treatment and your behavior is unsafe to yourself or any other persons in the shelter you will be asked to leave the program.

**MAINTAINING A DRUG-FREE AND SAFE WORK ENVIORNMENT  
  
Policy:** We will work together to fulfil our mission statement to the best of our ability.  
“From homelessness to housing stability, we provide shelter, food, support, and solutions to address the housing needs in our community.”  
  
**Procedure:**

To ensure a safe and drug free work environment every employee will be subject to a drug test upon employment along with a background check with a repeat background check every 2 years. At least one staff member will be trained in CPR and retrained every 2 years.  
 **FISCAL MANAGEMENT**  
  
**Policy:** If residents turn over any valuables or money to the shelter, the shelter shall have record of accountability for those items.

**Procedure:**The Taylor House does not accept any items of value unless pre-approved. The director or staff will meet our donators in the parking lot to ensure our residents confidentiality and safety.

**CONFLICT OF INTEREST POLICY  
  
Policy:** In order to avoid any appearance that the judgement of our employees has not been influenced in anyway the employees cannot accept, directly or indirectly any money, valuables, factors from any person in circumstances which may affect, or appear to influence the employee’s business judgement. All employees receive the policies and procedures manual.  **NONDISCRIMINATION POLICY FOR EMPLOYEES**  
**Policy:**  
The Taylor House shall establish a procedure to deal fairly and in an expedient manner with a staff member who has a grievance.   
  
**Procedure:**  
If an employee has a problem and feels that they have been treated unfairly for any reason we ask that you attempt to fix the situation first. You can file a grievance at any time. Grievance form will be given to the employee upon hiring and available outside the directors’ office at all times all with instructions on where to mail. The letter will go directly to the President of the Board. The President will respond within 5 working days. Instructions are on the backside of the form.

**EMPLOYEE GRIEVANCE OR APPEAL PROCESS**

**If you feel you have been treated unfairly, discriminated against, or do not agree with the type or amount of service provided, please follow the instructions provided below.**

How to file a grievance or appeal:

You must submit the completed form on the back of this page within **3 working days** of incident. You can either hand deliver or mail the form to:

Taylor County Supportive Housing  
The Taylor House   
Att: Jessica Mudgett  
242 S. 2nd St.  
Medford, WI 54451

***What happens after I’ve submitted the form?***

The President has 24 working hours to respond either by a phone call, email or in writing to your appeal. A written response will be mailed to the address you list on the back. If you are requesting a meeting also, you must leave a phone number where you can be reached. Please indicate which method of contact you prefer.

***What can I do if I don’t agree with the written response or decision, I receive back?***

If you are not satisfied with the decision or response you receive, you can appeal that decision or response to **THE BOARD OF DIRECTORS** within **3 working days** of the response you receive. You can schedule the meeting in person, or by calling 715-748-1456.

Additional contact options for recipients of TEFAP/CACFP other govt. sponsored services who feel they may have been discriminated against:

USDA Director, Office of Civil Rights, 1400 Independence Ave., SW, Wash., DC., 20250-9410 or call toll free: (866) 632-9992 (voice). TDD Users: (800)-877-8339 or (866)-377-8642 (voice relay users).

**You Have The Right To Obtain Legal Representation At Any Time**

Employee Grievance Form

Date of Incident: \_\_\_/\_\_\_/\_\_\_ Day of Week:

Time of Incident: Location of Incident:

Name of person making complaint:

Name of person complaint is against:

Name of staff witness / involved: Name of other witness(s):

Description of what happened (continue on back if necessary):

Signature of person making complaint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**For Office use only:**

Action(s) taken:

Disposition: Person Reviewing Claim and Title: Date:

**PAYROLL PRACTICES AND PROCEDURES   
  
Policy:** The Taylor House will abide by state and federal laws when pertaining to payroll.

**Procedure:**  
The Taylor House operates on a bi-weekly payroll cycle with a 2 week pay period. All hourly employees are to maintain an accurate bi-weekly timesheet. This must include sick paid and unpaid time off. Approval shall be submitted by the President of the board. **PAYMENT APPROVAL  
  
Policy:** The Taylor House will ensure that all accounts payable and receivable are passed through a checks and balance system that ensures compliance.

**Procedure:**Two officers of the board will be on financial accounts. The director will receive the bills and donations and an officer must make the deposits. This ensures they pass through at least 2 people before going to destination. Then the Treasurer will confirm balances of accounts. The financials will be presented to the Board Monthly for approval.

**House Manager**

At the discretion of the Director, a resident shall be asked to fill the role of House Manager.  
While the duties of the House Manager may vary with the individual and the circumstances of the time, it will be generally understood that this person will serve in a stabilizing capacity when the regular staff is absent. This may include such things as: assisting new residents with settling in; answering the landline; ensuring that doors are locked at 10p.m.; being available to answer questions or serve as a sounding board; attending to necessary chores that are not being completed; advising staff of any dangers to health or safety, or any other serious issues that should be addressed.

The compensation for this position will include a single-occupancy room, with the liberty to accumulate furniture and other belongings. This individual will be free from room searches (unless there is a specific concern), and if they are performing the duties well, will not be expected to exit after ninety days. This position will be monitored and is subject to be up for review at the discretion of the Director. If the review does not meet expectations, then the Director will bring up these findings to the Board.

In addition to the regular daytime staff, there is a House Manager who is available to help you with any questions you may have. This is someone who knows your situation firsthand and has also been found to be trustworthy and reliable. Feel free to bring the House Manager any concerns you may have, especially when other staff is not present.