

The Journey Project

Mailing: 13504 Pacific HWY S, #20

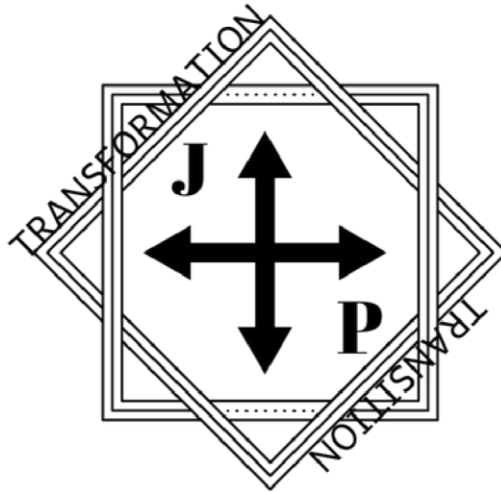
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***Transformation for your life.
Transition for your future.***

**Prospective Student
Application Package**

Dear Prospective Student.

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 an address to submit in order to get an approved release plan (as much as we do understand that need) The Journey Project is not available for that use. We require full program participation and anyone who releases to The Journey Project but does not take part in the actual program services will be discharged and removed from our program which would mean the loss of any housing we provided and a potential violation of your DOC release requirements.

We are not a church; However, we do hold a weekly house/spiritual meeting of which spirituality may be of discussion and all are required to attend. We will not be engaging in debates of dogma, doctrine, or denomination. It is not our place to define your spiritual walk, but to encourage you to mature into your understanding and walking it out.

The Journey Project is also not for those who have become suddenly religious just to get released, or for those who have become mired down in religious ritual or dogma instead of focused on real life change.

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, 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.

If this sounds like what you are looking for please complete the attached package, in full, and submit your application in a timely manner. Be aware that space is limited so those applications showing the most serious levels of commitment will be considered as a priority.

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

Jeremy
President/CEO

Ed
Vice President/CEO

Welcome to The Journey Project

**Transformation for your life.
Transition for your future.**

What is The Journey Project All About?

The Journey Project is a spiritual based, educational, human service program. The Journey Project provides tools, support, and resources for positive change through practical life skills, housing, vocational training services, and assistance in successful pro-social integration.

The Journey Project helps participants first transform their lives and then transition into the greater community by taking personal responsibility toward a positive, productive, and purpose-filled future.

The Goal

The goal is to help individuals find their own life goals and vision then set up a plan to achieve them while creating a pro-social place in the community.

Our Philosophy

Every individual is responsible for one's own life, that ultimately only each individual can change their own circumstances, behaviors, thinking, and future. That each individual is an individual and should be treated as such and each individual is a whole person... mind, spirit, and body.

What Exactly Does All That Mean

Transformation and Transition: At the core of The Journey Project's approach is the method of making long term goals and shorter goals to reach those goals. Changes can be realized by the outcomes of what our choices produce in our lives and by understanding how various choices affect benefits or risks. Small but steady steps, over time, create success that opens new possibilities for even greater progress, sequentially, creating a life that is consistent with one's goals.

In a practice of constantly taking stock of where we are, and where we need to go next, students know what they need to do, every day, to keep moving forward toward life goals. Goals are not only set but realized. This sets Journey Ministries apart from other programs that merely tell students to make progress. The Journey Project helps one define their progress, breaking it down into a specific plan that says what you are doing, why you are doing it, and how you can get it done. The Journey Project measures your progress in terms of life outcomes – not what you say you are doing, or what you say you would like to do, but rather by what you are doing and by what you have accomplished.

A self-motivated program raises the bar with respect to expectation from our students. We do expect that you set and achieve specific life goals, but we are here step by step to help you access the knowledge, the tools, and the resources to obtain the achievement you have set for yourself.

SPIRITUAL CREED

The Journey Project asserts that a positive sense of personal spirituality is an important tool to develop and engage the greater good within ourselves. We believe in finding and following a moral compass that promotes selflove and love of others. We believe that finding your own place in the spiritual community creates positive pro-social friendships and community. We support and encourage positive spiritual paths that create good decision-making leading to good choices that blesses one's own endeavors, blesses one's loved ones, and blesses the greater community.

Student Housing Program: The Journey Project provides fully furnished shared housing units for all male Students/Participants. Usually there are two occupants per unit at Pacific Village or two per bedroom, at Massey Creek. Each unit has its own kitchen and bathroom facilities. Usually laundry services are available on site. The Journey Project housing is a friendly and pleasant community where you can focus on moving your life forward and need not be concerned about any "stigma" attached to a criminal conviction (If applicable). We do not deny anyone because of their criminal history. We are drug/alcohol free and harassment free. We provide the benefit of establishing a residential history.

We cannot over express... if you have any difficulty with anyone's past this is not the place for you.

Life Skills Training (required): At The Journey Project all students will participate in Life Skills Training classes which provide a broad and essential range of tools and techniques to cope with whatever life throws your way.

Relapse Prevention Materials

Text: The Genesis Process - Relapse Prevention Individual Workbook

The Genesis Process recognizes that a person's self-destructive behavior is the expression of their beliefs, so changing/healing faulty belief systems will reduce craving and prevent relapse. If you can stop the brain from producing craving, you can prevent relapse. Genesis tools have been shown to be effective for anyone stuck in self-defeating behavior patterns who truly want to change.

Text: Paths to Wellness

Paths to Wellness was written and designed to be used with multiple populations, including sexual abusers. Written in language that is easy to read and understand, Paths to Wellness is written for use by adolescent and adult clients and patients. Paths to Wellness focuses on three major problematic clients -- alcohol and substance abusers, violent and assaultive individuals with anger problems, and persons with sexual behavior problems. Paths to Wellness teaches the reader about healthy lifestyles and unhealthy cycles of acting out. Workbook chapter topics include accepting problems, denial, the four basic needs, the four aspects of self, core values and beliefs, healthy and unhealthy cycles, relapse prevention, interventions, and more including homework assignments and exercises with each chapter.

Text: Boundaries

In this updated edition of the New York Times bestselling book, Drs. Henry Cloud and John Townsend have expanded their popular content to help readers develop clear boundaries as part of a healthy, balanced lifestyle. Includes DVD and a workbook.

Life Skills Materials

Text: Gateway to the World: A Toolkit and Curriculum

MODULE 1: INDEPENDENT LIVING SKILLS

This module has a lot of valuable exercises and information for every-day living. The information and exercises are relevant to individuals, peer counselors, caregivers or parents. This module specifically helps you with the following home management skills: • Money management-budgeting, credits cards, taxes and buying a car. • Home management-housekeeping and maintenance, and • Food management-meal planning and nutrition.

MODULE 2: PERSONAL, HEALTH, SOCIAL AND SAFETY SKILLS

This module contains many tips and exercises you can use to maintain and improve your health, social and safety skills. Module 2 specifically has exercises and information for the following topics: • Personal care-smoking, alcohol and drug use and sexuality; • Social skills-personal goals, decision making, problem solving and conflict resolution; • Safety skills-preventing burns, poisoning, drowning and violence in relationships.

MODULE 3: EDUCATION/EMPLOYMENT/ CAREER TOOLS, SKILLS AND STRATEGIES

This module contains many tips and exercises you can do to maintain and improve your education and job skills. Module 3 specifically address the following topics: • Education skills-goal setting, career planning, learning styles, learning programs, schools and how to pay for school; • Job seeking skills-preparing for work, job hunting, employment and training resource; and • Job maintenance exercise and tools.

MODULE 4: HOUSING, TRANSPORTATION AND COMMUNITY RESOURCES

This module contains many tips and exercises you can do to maintain and improve your housing, transportation and community resource skills. Module 4 specifically addresses: • Housing-roommates, renting, finding an apartment, maintaining an apartment; • Transportation-driver's licensing, car expenses; and • Community resources-the law, voting and recreation.

This Includes Case Management Sessions: Each participant will be required to meet with the Program Leader or Case Manager once a week to discuss goals and weekly assignments. This will be a good time to bring up anything pertaining to the program.

Vocational Skills Program: Everyone is required to participate in the Vocational Skills Program for the first thirty days. This consist of Work Skills Training in one of our business and/or on property repairs or maintenance.

Vocational Skill Training: Vocational Skill Training provides work readiness training for the eventual transition into the non-program work force. Also available is job placement assistance through a network of partnered companies and/or schools. During this time, you will also be guided in developing a plan for obtaining a career rather than just working a job.

Work Skills Training: For those not yet employed The Journey Project provides, on a case by case basis, Work Skills Training in a variety of fields. If you enroll into the Work Skills Program you will receive a \$4.00 per hour housing stipend for the hours assigned, which will be applied towards your program fees and helps establish the financial needs for building a life in the community.

Supervision Compliance Plan (if applicable): An essential priority is meeting the requirements of your J&S, Community Placement, Probation, or Parole and to help ensure that you avoid any post-release violations. We will review your requirements with you, help you establish a compliance plan, and assist you in accessing any resources needed (classes, therapy, etc.)

Remember ... you are untimely responsible for adhering to your requirements.

Case Management: Every student is unique and therefore each student receives individualized confidential case management comprised of one-on-one sessions with an assigned Case Manager. You will ascertain your needs, create a transition plan, make life goals, and continuously review your ongoing progress. You are responsible in creating goals and making sure that your experience with The Journey Project is providing you with what you need to succeed.

Everyone is treated as an individual according to ones needs. Not everyone will be doing the same thing or treated in the same way.

Financial Accountability Management: Detailed financial accountability is required for a minimum of 90 days after enrollment. Financial control reverts to students increasingly on a case-by-case basis. Financial management skills are evaluated by an ongoing comprehensive review of how and where funds are acquired and disbursed. Mastery of skills throughout the duration of The Journey Project program include building financial capital, ensuring that fees are paid, and that funds are set aside for necessary attainments (transportation, communications, household needs, clothes, entertainment, etc.) and building a respectable credit rating.

Understanding Your Expectations

What Journey Ministries Expects of Students: The Journey Project is not a “free ride.” Students do pay for program services and progress is expected in order to maintain enrollment. You must be honest with yourself before enrolling. If you have no real desire to do more than just talk about change then The Journey Project is not for you. Do not waste your time or that of The Journey Project

The Journey Project is an outcomes-based program and therefore it is not possible to just “go through the motions.” Your progress will be regularly assessed. We expect students to have evidence of a personal desire for life change by demonstrating an ongoing commitment to maintaining a positive pro-social lifestyle and achievement of one’s goals. We also expect honest participation in our supportive and ongoing assessment process. You are responsible for your own transition.

What Students Can Expect of The Journey Project: Just as we expect you to commit to the change process, you can expect that The Journey Project will be there to help. Students should expect support, encouragement, practical and realistic help, useful instruction, access to available services, individualized case management, acceptance and interaction in a friendly and warm program community, help to maintain post-release compliance requirements, and assistance in ultimately transitioning to the greater public community.

Additional Journey Project Services

Community Dinner: All are required to attend the monthly Community Dinner. This is a time to enjoy good food, good company, positive socialization with program supporters and others from the community. As well as to talk about topics of interest both inside and outside of The Journey Project program.

Events: Periodic group events are made available, whether a BBQ, trip to the movies, or visiting to a local attraction or venue, in order to build positive socialization experiences and help encourage the process of community integration.

Fund Raisers: Occasional Fund Raisers are held. All are expected to attend, participate, and assist with preparation and clean-up. Because we are a self-supporting program, these are held to help offset the additional expenses that the program fees do not cover.

Volunteer: Participants are occasionally asked to do various task. Each participant must complete 16 hours a month of volunteer work.

Leadership Opportunities: Leadership opportunities are open to those who want to become part of the eventual operation of The Journey Project program.

Program Service Fee

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

The fee schedule is as follows, which covers housing and programming. Those coming that will be using the DOC Voucher will pay \$500.00 as per voucher. When the voucher ends the Program Fee is our normal amount which is located below in the table. The only additional expense is food and the electric bill which is split between those living in that apartment. The average electric bill is about \$30.00 per person each billing. You are responsible for obtaining your own food. Food stamp and food bank help is available.

DOC Voucher			\$500.00
Single Occupancy	1 Bedroom	[Non LRA]	\$1,200.00
Double Occupancy	2 Bedroom	[Non LRA]	\$750.00
Single Occupancy	Studio	[Non LRA]	\$800.00
Single Occupancy	1 Bedroom	[LRA]	\$1,500.00

DO NOT EVER ANTICIPATE A SINGLE OCCUPANCY 1 BEDROOM BEING AVAILABLE

All LRA's program fees are \$1,500.00 per month. When LRA is completed, the program fee will become in line according to the Non LRA program fees. If for any reason an LRA is in a 1-bedroom occupancy, they will receive a roommate.

Please keep the preceding for your own reference. Be sure to copy our address and contact information for your own records in the event that you wish to contact us. Complete the following and send it to us. You may have your counselor scan and email or fax it to us for a speedier processing.

Individual's Application Info Sheet

In order 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: _____

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 Code: _____

Emergency and Community Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Current Institution, mailing address, including housing assignment:

- A. present conviction(s) is/are for the following charge(s):

- B. 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):

- C. Please describe what you have done to ensure that you will no longer commit crimes (programming, etc.):

- D. 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):

- E. Tell us about your time served, and what programming you have done; work, education or required programs:

- F. Please briefly outline prior legal history (convictions, misdemeanors, terms of jail or prison, etc.):

- G. Brief employment history (prior and during incarceration – general dates are acceptable):

H. 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:

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

J. 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:

9. Please detail any mental health treatment you may have had, 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 you will 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 on a daily basis?

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 PACIFIC HWY S, #20
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 (3rd) 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 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 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 board provided.
- 9. _____ There are to be NO guest in living area without prior permission from leadership. The patio area is a permissible area. Arrangements may be made to use 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 transitions 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 to 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 complete financial transaction history concerning my personal finances, in order to receive assistance in budgeting my money and attaining financial solvency. I understand further that failure to disclose my financial information is grounds for 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 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 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 “Christian” in nature, but that I am not required to adopt any particular religion, creed, theology or denomination.
19. _____ I understand that though no particular creed/theology or denomination is required to be adopted, that “church” attendance is required unless in direct violation of the Department of Corrections. If attending a service of which The Journey Project leadership is not attending, I will bring a bulletin or such other documentation of my attendance. If the Department of Corrections has not authorized me to attend, it is my responsibility to gain authorization, or to provide documentation, written or verbal from the Department of Corrections, stating that I cannot attend any service under any circumstances.
20. _____ 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 termination.
21. _____ 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 in 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.

22. _____ I understand that I may be asked, and expected, to participate in community service activities, which includes volunteer work and work that needs doing on The Journey Project properties such as maintenance or beautification in-order to maintain a safe, livable, clean environment. Any ongoing or persistent failure to complete those tasks is grounds for termination.
23. _____ 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.
24. _____ 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.
25. _____ I understand that engaging in any illegal activity is grounds for immediate termination.
26. _____ 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.
27. _____ I agree that I shall not use or possess alcohol, or drugs of any kind. I understand that possession or use of drugs, to include marijuana, is grounds for immediate termination, and I understand further that associating with, or being in the presence of people who are using such on any property of or associated with The Journey Project is also grounds for termination.
28. _____ 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 termination.
29. _____ 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.
30. _____ 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 termination.
31. _____ I agree to submit to random urinalysis, breathalyzer testing or drug test at the discretion of The Journey Project staff.
32. _____ I understand and agree that a Work Skills placement requires me to apply myself to the duties assigned to me and that failure to show due diligence toward my Work Skills placement may result in loss of that placement, and possible termination.
33. _____ 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 termination.

34. _____ 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.
35. _____ 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 termination.
36. _____ 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.
37. _____ 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.
38. _____ 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 of which I or anyone else may occupy.
39. _____ The living areas may be entered for inspection at any time. Entrance will be provided at any time to law enforcement agencies, to include D.O.C. and/or parole officers.
40. _____ There is to be NO one under the age of 18 on the property at any time. Having guest under the age of 18 years old may result in immediate termination. It is your responsibility to report to leadership immediately if you observe a questionable situation. Failure to report may result in immediate termination.
41. _____ I understand that the enrollment in, and successful completion of the Life Skills program is a requirement unless waived by leadership.
42. _____ 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 termination from program. **(Those participating in The Journey Project placement within New Beginning Garden and Lawn Care or such other assignment receive a housing stipend which is applied towards their monthly program fee.)** 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.

43. _____ 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 termination.
44. _____ 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 in program. I understand that I must disclose my finances to the appointed leader until such time as waived.
45. _____ I understand that if there are any drugs ever found in the living units, I will be immediately terminated. I further understand that failure to report to leadership if I suspect my roommate, or anyone else possessing drugs is grounds for immediate termination.
46. _____ 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 Sunrise Centers, located at 12650 1st Ave S, Seattle, WA 98168.
47. _____ I understand that if I am terminated, there will be NO financial refunds of any kind.
48. _____ I understand that if I self-terminate without giving proper notice of 30 days, there will be NO financial refunds of any kind.
49. _____ 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 no more than two weeks unless special arrangements have been made.
50. _____ I agree and understand that I will be required to do a minimum of 16 hours of volunteer work per month for The Journey Project. As well, I am aware that I will be programming the first 30 days in Landscaping or Property Maintenance. Failure in doing so may lead to termination in the program.

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 from 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: _____



The Journey Project

4008 S 130th St, Tukwila, WA 98168

Phone: (206) 271-5880 Fax: (206) 242-5003 Email: ed@thejourneyproject.info

Internet Access Protocols

Many participants of The Journey Project have internet restrictions imposed on them by DOC or Court Orders. Therefore, in order to support their successful transformation and transition by preventing violations, The Journey Project must create an environment that reduces access to the internet for those so restricted.

Therefore, The Journey Project will be implementing the following internet rules:

- Allowing internet access to anyone who has internet restrictions imposed by their Judgement and Sentence; or by DOC supervisory conditions; or by court order will not be allowed.
- Allowing internet access shall be defined as giving someone your Wi-Fi password, allowing them to use your internet connected device, or leaving your Wi-Fi unsecured.
 - Internet connected devices include but are not limited to cell phones, computers, Televisions, gaming stations etc.
- Local Wi-Fi will be frequently monitored to assure they are and remain locked. ○ To facilitate the monitoring of internet protocols, all residents are asked to register their Wi-Fi names with The Journey Project Program Leader. To do so, simply write your Wi-Fi name on a piece of paper and hand it to the Program Leader, Thomas Toomey in apt #1, or text it to Thomas Toomey at 206-557-8593.
- Anyone who is not currently subscribed to an Internet Service Provider and wishes to must first notify the Journey Project Program Leader and after connected present the Wi-Fi name to the Program Leader.
- Anyone who is restricted from internet access and attempts to subscribe to an Internet Service Provider or to access the internet through any other Wi-Fi service or device will be reported to DOC and may be terminated from The Journey Project.

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: _____

The Journey Project

Phase Descriptions

ALL PHASE ONE AND PHASE TWO STUDENTS/RESIDENTS MUST ATTEND THE JOURNEY PROJECT WEEKLY BUSINESS MEETING AND WEEKLY SPIRITUAL STUDY; and ATTEND CHURCH WEEKLY (if not attending with leadership, participants must bring a church bulletin to prove attendance.), perform 4 volunteer service hours per week assisting in upkeep of Pacific Village, and 6 volunteer service hours per month performing community service.

Phase One

All participants will start at Phase One and be on a thirty-day blackout upon arrival. Participants will not leave the premises without an approved chaperone and clearance. While on blackout there will be no outside-of-program unapproved communication and no internet access.

All participants living within project housing, will have a roommate, thus avoiding isolation and provides accountability and the opportunity to establish friendships.

Unless employed upon entry into the program, all participants will participate in the work-skills program for a minimum of sixty days.

Goals:

- | | |
|--|--|
| <input type="checkbox"/> Establish initial stability. i.e. to become | <input type="checkbox"/> Establish income: employment, educational program, disability, social security, retirement pension etc. |
| ○ Mentally Stable | |
| ○ Economically Stable | <input type="checkbox"/> Open a savings account and save a minimum of \$500 |
| ○ Financially Stable | <input type="checkbox"/> Set SMART goals to accomplish within next four month period. |
| ○ Medically Stable | <input type="checkbox"/> Have zero rule violations in past Three months. |
| <input type="checkbox"/> Complete a relapse prevention plan, | |

Phase One students/residents must text the Program Leader upon leaving premises and upon returning to the premises. The text must include whether student/resident is going or coming and to/from what destination.

Phase Two

Requirements to advance to Phase Two: Must have completed all Phase One goals

Goals

- | | |
|---|--|
| • Complete Offender Employment Re-Entry Guide. | • Set SMART goals to accomplish within next Twelve-month period. |
| • Complete Gateway to the World (Life Skills Program) | |
| • Complete Job Readiness Program | • Must have zero rule violations in past 6 months. |
| • Open a savings account and save a minimum of \$2000 | • Complete Paths to Wellness book. |

Phase Three

For students/residents actively seeking independent living. If there is an apartment available at Pacific Village, it may be applied for.

Requirements to advance to Phase Three: Must have completed all Phase One and Two goals

Goals

- Maintain stability
- Maintain employment
- Complete Education goals
- Find long term housing

Pacific Village Apartment complex is fully operated by The Journey Project, a nonprofit (501 (C) 3) licensed business. Those that have a Lease/Occupant Agreement fall under the title of Phase Three/Independent Living. This provides for a safe and secure living environment enabling the immediate removal of person's that are a threat to the orderly-safe and secure environment.

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: _____



**CHEMICAL DEPENDENCY/MENTAL HEALTH/
CRIMINAL JUSTICE SYSTEM MULTI-PARTY
AUTHORIZATION FOR RELEASE OF INFORMATION**

Consent for the Release of Confidential Information about Mental Health and Alcohol or Drug Treatment

I, _____ authorize (1) The Department of Corrections

Address: _____ and

(2) the following <u>Mental Health Treatment Provider</u> : Name: _____ Address: _____ Phone Number: _____	(3) the following <u>Alcohol or Drug Treatment Provider</u> : Name: _____ Address: _____ Phone Number: _____
(4) the following <u>Designated Chemical Dependency Specialist (DCDS)</u> : Name: _____ Address: _____ Phone Number: _____	(5) the following <u>other provider of information</u> necessary for cross-systems communication: Name: _____ Address: _____ Phone Number: _____

To communicate with and disclose to one another the following information (The client must initial each type of information authorized):

(1) <u>Department of Corrections</u> <input type="checkbox"/> Pre-Sentence Investigation <input checked="" type="checkbox"/> Judgment and Sentence <input checked="" type="checkbox"/> Criminal History <input checked="" type="checkbox"/> Risk Assessment <input checked="" type="checkbox"/> Compliance with Supervision <input checked="" type="checkbox"/> Conditions of Supervision <input type="checkbox"/> Mental Health Assessments <input checked="" type="checkbox"/> Violations of Terms of a Court Ordered Treatment	(2) <u>Mental Health Treatment</u> <input type="checkbox"/> MH Treatment Discharge Summaries <input type="checkbox"/> MH Treatment History and Progress Reports <input type="checkbox"/> Involuntary Treatment History/Records (RCW 71.05) <input type="checkbox"/> MH Intake and Treatment Plans <input type="checkbox"/> Psychological Evaluations <input type="checkbox"/> Psychiatric Evaluations <input type="checkbox"/> Forensic Discharge Review (State Hospital) <input type="checkbox"/> MH Treatment Discharge Summaries
(3) <u>Chemical Dependency/Substance Abuse Treatment</u> <input type="checkbox"/> Chemical Dependency Assessments and Treatment Plans <input type="checkbox"/> CD Treatment History and Progress Reports <input type="checkbox"/> CD Treatment Discharge Summaries <input checked="" type="checkbox"/> CD Treatment Continuing Care Plan <input checked="" type="checkbox"/> Treatment Compliance Reports (Requested by DOC) <input type="checkbox"/> Request to Designated Chemical Dependency Specialist (DCDS) for an Assessment <input type="checkbox"/> Chemical Dependency Assessments and Treatment Plans <input type="checkbox"/> Involuntary Treatment History/Records (RCW 70.96 A)	(4) <u>Designated Chemical Dependency Specialist (DCDS)</u> <input checked="" type="checkbox"/> Violations of a Treatment Order or Condition of Supervision that relates to Public Safety <input type="checkbox"/> Information about a Petition for Involuntary Commitment (5) <u>Other</u> : Specify other information as necessary for cross-systems collaboration: <input type="checkbox"/> _____

The purpose of the disclosures authorized in this consent is:

(1) To improve public safety by allowing communication and multidisciplinary case management and release planning.

(2) To enable treatment providers to communicate continuing care plan referrals to the above agencies

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164. I understand that this authorization shall remain in effect for the duration of my DOC supervision unless revoked prior to that time. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

☐ There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated to treatment, or

☐ _____
(Specify other time when consent can be revoked and/or expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Signature of Offender/Client: _____

Initials: _____

Date: _____

DOC Number: _____

Date of Birth: _____

Co-signature of Parent/Guardian if Offender/Client is under the age of 18

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. 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. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Distribution: **ORIGINAL**-Offender (Optional)

COPY-Imaging System

DOC 14-029 (Rev. 11/18/13) DOC 310.100, DOC 320.010, DOC 320.400, DOC 390.580, DOC 390.585, DOC 580.000, DOC 630.590, DOC 640.050
Scan Code SD14



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:

(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:

(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 upon release from DOC custody 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 490.850 DOC 590.100 DOC 600.020 DOC 620.380 DOC 640.020 DOC 670.020 DOC 890.600
DOC 13-035 (03/18/2019)

LEGAL: Disclosures/Requests



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 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Imaging System **COPY** - Records