



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

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid# \_\_\_\_\_ Medicare# \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family or Representative Contacts

Name	Relationship	Home/Cell	Work	Email

### Family or Representative Contacts

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

# Reconnect Living

## House Rules & Resident Contract



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

### House Rules

1. Be respectful of all staff and others.
2. No alcohol or Drugs
3. No weapons of any kind
4. No Visitors without proper prior approval
5. No Smoking in the house. Smoke in designated areas only
6. No Overnight Visitors
7. No Food or drinks in bedroom
8. No loud music
9. No parties
10. No stealing from the home or others
11. Limit personal calls to 5 minutes
12. Maintain good personal Hygiene
13. Assist with chores and keeping the home clean
14. No fighting
15. No pets
16. Do not destroy anything belonging to home/others
17. All residents must be inside of the home by 10:00 PM; doors will be locked, and alarm set by 10:00 PM

Note: failure to comply with the rules listed above will result in a written behavioral referral; after 3 inappropriate behavior referrals the resident is subject to be removed from the **Reconnect Living** residence.

By signing below, you indicate you have read, understand, and agree to comply and uphold all rules listed above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Landlord Signature)

\_\_\_\_\_  
Date

# Reconnect Living

## Release of Liability



**Date:** \_\_\_\_\_

I, \_\_\_\_\_, hereby release Reconnect Living and any employees from any liability for injuries, loss or damages to personal property which may occur while staying here at Reconnect Living.

I, \_\_\_\_\_, understand that in the event of an injury; I will utilize my Medicaid and/or Medicare or personal insurance.

I, \_\_\_\_\_, also understand that I independently reside here and will have limited supervision while occupying a living space here.

By signing below, you state you have been made fully aware of the release of liability and that have strictly volunteered to reside at the Reconnect Living .

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Landlord Signature)**

\_\_\_\_\_  
**Date**

# Reconnect Living

## Notice to Vacate



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

\_\_\_\_\_  
(Resident name)

\_\_\_\_\_  
(Move-out date)

\_\_\_\_\_  
(Outstanding Balance)

By signing below, you agree to remove your belongings on/before the move-out date noted above. You are also releasing Reconnect Living of responsibility of your belongings after the move-out date. Any belongings remaining after this date will be discarded.

This notice certifies your notice to vacate the home. Your lease with Reconnect Living is now null and void.

**Please sign as indication you understand this notice to vacate the home.**

\_\_\_\_\_  
(Resident Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Landlord Signature)

\_\_\_\_\_  
Date

**Check appropriate justification for action:**

\_\_\_ Resident Family Provided notice

\_\_\_ Owner/Director Provided notice

\_\_\_ Death

\_\_\_ Illness

\_\_\_ Other \_\_\_\_\_

# Reconnect Living

## Room & Board Lease Agreement



\_\_\_\_\_  
(Last Name) (First Name) (MI)

\_\_\_\_\_  
(Date of Birth) (Sex – M/F) (Social Security#)

Medicaid/Medicare# \_\_\_\_\_

Type: \_\_\_\_\_

Driver License or ID#: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, do understand that my lease with the Able Minds Home is a month-to-month lease and will be renewed every 30 days, unless a written request is given 3 days before the end of the month.

I, \_\_\_\_\_, do understand that there are NO REFUNDS ON RENT. The parties to the agreement are the only parties or residents for this lease agreement.

I understand that I reside at the property located at:

### Room Reservation Policy:

If you are away temporarily, you are still responsible for paying for your room and you may return as long as you continue to pay. **THIS CONTRACT IS ENFORCED.**

### By Signing this Contract, you agree to the following:

- The total rent must be paid on the day you receive your benefits or no later than the 5<sup>th</sup> of each month if you have a payee.
- Residents must enter premises before 10pm. **NO WILL LEAVE OR ENTER AFTER 10 PM.**
- Residents will be held financially responsible for any damages to premises/and or stolen property.
- Landlord agrees to furnish all utilities, laundry soap, toilet paper, and some personal hygiene items.
- Tenant must agree to move and vacate the property at landlord's request within 3 days' notice to vacate due to non-compliance or non-payment.
- A \$100 Security deposit is required upon move in. (Refundable if property is left in good condition and with a 3-day written notice)

**There is a late fee of \$25 if payment has not been received in full by the 5<sup>th</sup> of the month.**

# Reconnect Living

## Room & Board Lease Agreement



Deposit \$ \_\_\_\_\_ Pro- Rated \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

**NO REFUND ONCE PAYMENT IS RECEIVED**

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Landlord)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Responsible Party)

\_\_\_\_\_  
Date

Responsible party agrees to pay the difference in the amount \$ \_\_\_\_\_ for remainder of resident's rent.

\_\_\_\_\_  
**MOVE OUT DATE**

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Signature of Landlord)