



## ACKNOWLEDGEMENTS & CERTIFICATION

### HOUSING ACKNOWLEDGEMENT

Transitions for Life, through its' transitional living program, provides housing as a part of the program and in no way implies establishment of residency. Participants in the program are permitted to utilize the housing provided by Transitions for Life for a monthly fee. In order for the participant to retain housing as a part of their program they must follow and adhere to all housing guidelines and program policies and procedures. In the event a participant in the program violates any provision that requires immediate removal, their caseworker will be notified for pick-up and they will be removed.

---

Signature

---

Date

### MANDATORY PROGRAM PARTICIPATION ACKNOWLEDGEMENT

Transitions for Life requires each of its' participants to enroll in affiliate programs that provide supportive services. If Transitions for Life has agreements with local agencies that provide workforce development, job readiness, substance abuse support, transportation, education and training, and food, qualified participants are required to enroll. Our agreements support the transitional living program and participation is mandatory.

---

Signature

---

Date

### WET & DRY HOUSING ACKNOWLEDGEMENT

Transitions for Life operates both wet and dry transitional living programs. Depending on the program selected, all rules and regulations in both types of housing are expected to be followed at all times. If you participate in a dry housing program you may not do drugs on the premises nor return under the influence. If you participate in a wet housing program, you may not do drugs on the premises. Any violation of these guidelines will result in immediate removal from the program.

---

Signature

---

Date

### **HOUSE MEETING ACKNOWLEDGEMENT**

All individuals participating in the transitions for Life transitional living program are required to attend weekly/monthly house meetings. These meetings are designed to ensure proper communication channels are open with participants and staff. Attendance is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **MEDICATION ACKNOWLEDGEMENT**

All participants who are prescribed medication by a medical doctor are required to adhere to the directions of their doctor. If medication regimens are not followed, it can be grounds for immediate removal at the discretion of management.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CERTIFICATION**

**By signature, I certify that I have read all the above guidelines and I understand my personal obligations within the Transitions for Life transitional living program. I further acknowledge and certify, that I understand that not adhering to these policies and procedures is grounds for immediate termination from the program.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (please print)