HOUSING PACKET

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Please use this form as a cover sheet for a facsimile or email scan.

Applicant/Tenant Name		Date
Agent of Applicant/Tenant Name	Title	Date
Referring Agency		
Address		
Phone	Email	Fax

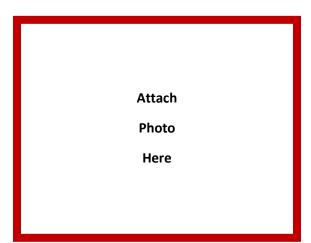
To the preparer of this application: Please attach a photo (headshot) of the client below.

Please ALSO enclose copies of client's: Photo ID

Social Security Card

Social Security Award Letter

Medical ID



114 South Arlington Avenue East Orange, NJ 07018 **Phone:** (973) 395-4348



Fax: (908) 325-1332 Email: joisangales@gmail.com Web: www. joisangels.com

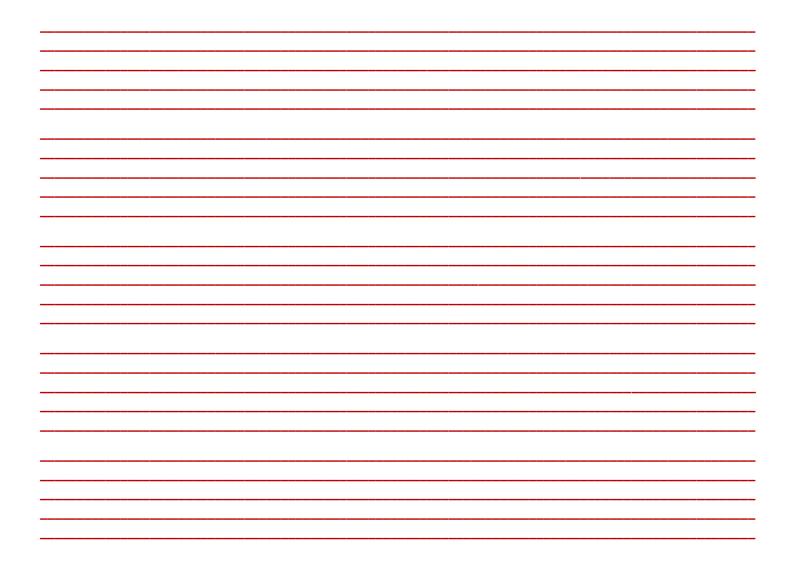


RESIDENT PROFILE FORM

Ph	tach Ioto ere		# Occupancy		
CLIENT NAME			DATE OF BIRT	н	
(First)		(Last)		(Month, Day,	Year)
SOCIAL SECURITY #			SS CLAIM #		
MEDICARE/MEDICAID #			PAA#	VA#	
	;				
PLEASE CHECK ALL SOURCES OF INCOME	Employment Wages	Self-Employm	ent Wages 🔲 TANF 🗌	FSP	ssi 🗆
MEDICATIONS & DOSAGES (List All)	Social Security 🔲	SSDI 🗌 Medic	aid 🗌 Welfare 🗌	Other 🗌	
PRESCRIBING PHYSICIAN					
	(Name)	(Ad	dress)	(Phone)	
PHARMACY					
	(Name)	(Ad	dress)	(Phone)	
BODY	HEIGHT WEIG	GHT EYE	COLOR		
	SCARS/MARKS/TATT	005			

DIETARY RESTRICTIONS (Check all that apply)	Diabetic 🗌 Bl	ood Pressure 🔲 Lactose Intolerant [Other	
	Allergies	(List Allergies)		
TREATMENTS, THERAPIES, DISABILITIES (List All)				
MOBILITY AID	Cane 🗌 Wh	eelchair 🗌 Walker 🗌 Prosthe	sis 🗌 Othe	er 🗌
PRIMARY CARE PHYSICIAN	(Name)	(Address)		(Phone)
EMERGENCY CONTACT #1				
	(Name)	(Address)		(Phone)
Relation to you:				
EMERGENCY CONTACT #2	(Name)	(Address)		(Phone)
Relation to you:				
Relation to you: PREVIOUS ADDRESS				
PREVIOUS ADDRESS	(Street)	(City)	(State)	(Zip)
PREVIOUS ADDRESS			(State)	
PREVIOUS ADDRESS		(City) (Address)	(State)	(Zip) (Phone)
PREVIOUS ADDRESS	Agency)			
PREVIOUS ADDRESS REFERRAL SOURCE (Organization/#	Agency)	(Address) American 🗆 Asian 🔲 Caucasia	an 🗌 Latin An	(Phone)
PREVIOUS ADDRESS REFERRAL SOURCE (Organization/#	Agency) African A	(Address) American 🗆 Asian 🗔 Caucasia	an 🗌 Latin An	(Phone) nerican/Hispanic
PREVIOUS ADDRESS REFERRAL SOURCE (Organization// ETHNICITY	Agency) African A Indian	(Address) American 🗆 Asian 🗔 Caucasia	an 🗌 Latin An	(Phone) nerican/Hispanic not to answer
PREVIOUS ADDRESS REFERRAL SOURCE (Organization// ETHNICITY RELIGION MARITAL STATUS SPOUSE	Agency) African A Indian	(Address) American Asian Caucasia Native American Other	an 🗌 Latin An	(Phone) nerican/Hispanic not to answer
PREVIOUS ADDRESS REFERRAL SOURCE (Organization// ETHNICITY RELIGION MARITAL STATUS	Agency) African A Indian	(Address) American Asian Caucasia	an 🗌 Latin An	(Phone) nerican/Hispanic not to answer

DATE OF DISCHARGE





I understand that Joi's Angels is a faith based, non-profit organization dedicated to housing and social restructuring centered in spiritual regeneration of persons in need of assistance. I understand that while ability to pay for service is not a criterion for admission to Joi's Angels, persons admitted for housing shall be required to pay room and board when receiving outside income such as social security, military or other types of benefits. I understand that the room and board fee shall be established at \$_____but shall not exceed the cost of room and board as determined annually by an approved formula. Room and board is payable monthly, due by the 5th of each month.

Your established amount for room and board as of today's date is <u>per month</u>.

I understand I must abide by all rules of the house and that by paying room and board I do not have any additional privileges. I must remain alcohol- and drug-free. If I break any of the abovementioned rules, I could be asked to leave in 24 hours to 7 days.

Applicant/Tenant Signature	Print Name		Date
Agent of Applicant/Tenant Signature (if applicable)	Print Name	Title	Date
Witness Signature	Print Name		Date



l,	reside at 114 South
Arlington Avenue	, East Orange, NJ 07018 Rooming/Boarding Home. I agree to
pay \$	per month for a shared room. I agree to give thirty (30) days
notice before mov	/ing, and I agree to be on a sixty (60) day probationary period
from the date I me	ove in.

I also understand that I must comply with all house rules (attached).

Move-in Date: Re	newal Date:
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Applicant/Tenant Signature	Print Name		Date
Agent of Applicant/Tenant Signature (if applicable)	Print Name	Title	Date
Witness Signature	Print Name		Date
Staff Signature	Print Name	Title	Date

NOTICE OF RESIDENTS' RIGHTS NJSA - 55:13B-19

Every resident of a boarding facility shall have the right:

- To managed his own financial affairs;
- To wear his own clothing;
- To determine his own dress, hair style, or other personal effects according to individual preference;
- To retain and use his personal property in his immediate living quarters, so as to maintain individuality and personal dignity, except where the boarding facility can demonstrate that such would be unsafe, impractical to do so, infringes upon the rights of others and that mere convenience is not the facility's motive to restrict this right;
- To receive and send unopened correspondence;
- To unaccompanied access to a telephone at a reasonable hour and to a private phone at the resident's expense;
- To privacy;
- To retain the services of his own personal physician at his own expense or under a health care plan and to confidentiality and privacy concerning his medical condition and treatment;
- To unrestricted communication, including personal visitation with any person of his choice, at any reasonable hour;
- To make contacts with the community and to achieve the highest level of independence, autonomy, and interaction with the community of which he is capable;
- To present grievances on behalf of himself or others to the operator, State governmental 'agencies or other persons without threat of reprisal in any form or manner whatsoever;
- To a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident;
- To refuse to perform services for the boarding facility, except as contracted for by the resident and the operator;
- To practice the religion of his or her choice, or to abstain from religious practice; and
- To not be deprived of any constitutional, civil or legal right solely by reason of residence in a boarding facility.

N.J. State Office of the Ombudsman for the Institutionalized Elderly 240 W. State Street P.O. Box 807 Trenton, N.J. 08625 **1-877-582-6996**

I have received and read the notice of residents rights

Resident

Date

Witness

Date

Joi's Angels House Rules

- Respect yourself and others.
- > Proper attire required.
- No arguing, profanity, confrontational behavior or fighting; if you cannot be kind, be silent.
- No smoking inside or in front of the house.
- No unauthorized visitors.
- No guests allowed on the second floor.
- The kitchen closes at 10:00pm (no exceptions).
- > No loitering/hanging out in the front of the house.
- Resident curfew: 11:00pm (Mon-Thurs); 1:00am (Fri-Sun)
- Common area lights out: 11:00pm (Mon-Thurs);1:00am (Fri-Sun)
- Resident social activities restricted to first-floor community areas only.
- > No fraternizing, consorting, or sexual behavior allowed on the property.
- Respect the privacy of others: No socializing in resident rooms.
- Character Quality mandatory meeting (Mon–Thurs)
- > All residents must complete assigned household chores.
- Rooms must be kept clean: Weekly room inspections.
- Clothing and bedding must be washed weekly.
- No cooking or kitchen appliances allowed in rooms (hot plates, coffee makers, etc.)
- > No physical altercations/touching another person.

BREAKING ANY OF THESE RULES IS GROUNDS FOR IMMEDIATE EVICTION.

I have read, understand, and agree to abide by these rules.

Applicant/Tenant Signature	Print Name	Date
Witness/Staff	Print Name	Date



HOUSEHOLD CHORES AGREEMENT

This chores agreement represents the verbal and written agreement discussed and put forth by Joi's Angels, hereby referred to as "Licensee," and ______, hereby referred to as "Resident." The conditions contained herein represent the agreement and contribution of both parties and both have been given a chance to read and discuss this agreement in its entirety.

RESIDENT RESPONSIBILITIES

The following responsibilities are those of the Resident. Resident will adhere to these responsibilities and complete chores to the best of his/her ability.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHORE					
Take out Trash					
Sweep Common Areas					
Mop Common Areas					
Clean Smoking Area					
Put Away Dishes					
Clean Bathroom					
Sweep & Clean Front Porch					
Clean Refrigerator					

JOI'S ANGELS RESPONSIBILITIES

Joi's Angels is responsible for providing the necessary supplies for resident to perform chore tasks effectively.

ACCEPTANCE

Your signature below indicates acceptance of this chores agreement and the conditions described.

Applicant/Tenant Signature

Print Name

Date

Staff Signature & Title

Print Name

Date