

**TIME FOR CHANGE IN ACTION INC**

**Program Immediate Discharge Agreement**

I \_\_\_\_\_ understand that I may be asked to leave immediately for any incidence involving violence, threats of violence, and/or conduct unbecoming of the program mission to provide safe and stable housing. In cooperation with the Pinellas County Continuum of Care (COC), Alliance with all Pinellas County mental health programs and because the "TIME FOR CHANGE IN ACTION" in part of the Homeless Leadership Alliance, we must assure the observation of the following:

This rule pertains to not following all rules and regulations of the program. In particular, highlighting the failure or refusal of urinalysis:

If refusal to leave the premises results in law enforcement response, there will be absolutely NO re-entry to the program under any circumstances. If, however detox or further remedy is necessary transportation will be provided to the location of referral.

I also understand that due to the fact that this is a drug-free and sober living environment, in taking steps to make sure this property is kept as such, I am consenting that I understand all areas of the residence are able to be searched, including property that is my own, and if I am prescribed medications, all medications will be subject to random counts throughout the month.