

# J&G Transitional Homes

**Supportive Group Housing for Adults in**

## **Transition**

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## **MOVE-IN DAY INTAKE & HOUSING AGREEMENT**

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## **RESIDENT BASIC INFORMATION**

Full Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

Bed Assignment: \_\_\_\_\_

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## **REFERRAL INFORMATION**

Referral Source:

Case Manager  Housing Specialist  Behavioral Health Provider  Self  Other:

\_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## EMERGENCY CONTACT

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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## CURRENT LIVING SITUATION AT MOVE-IN

Homeless

Shelter

Treatment Facility

Staying with Friends/Family

Other: \_\_\_\_\_

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## INCOME VERIFICATION

Do you currently receive income?  Yes  No

Type:

SSI  SSDI  Employment  GA  Other: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

Benefit Start Date: \_\_\_\_\_

Income Verified By Staff:  Yes  No

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## REPRESENTATIVE PAYEE (IF APPLICABLE)

Do you have a payee?  Yes  No

Payee Name / Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Resident Initials: \_\_\_\_\_

Resident authorizes J&G Transitional Homes to coordinate rent payments with payee

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## PROGRAM FEE & MOVE-IN COST

Monthly Program Fee: \$1,000

Damage Deposit Collected: \$ \_\_\_\_\_

Security / Hold Fee (if applicable): \$ \_\_\_\_\_

Total Move-In Amount Paid Today: \$ \_\_\_\_\_

Payment Method:

Cash  Card  Money Order  Check  Subsidy Pending

Staff Initials: \_\_\_\_\_

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## WHAT IS INCLUDED

- ✓ Utilities
- ✓ Housing
- ✓ Dinner provided 7 days per week
- ✓ Income-based planning (when applicable)

Resident Initials: \_\_\_\_\_

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## HOUSING SUPPORT NEEDS

Resident would like help with:

- Budgeting
  - Recovery support
  - Mental health stability
  - Independent living goals
  - Employment
  - Case manager coordination
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## REQUIRED DOCUMENTS RECEIVED

- Photo ID
- Social Security Card
- Income Award Letter
- Insurance Card
- Medication List

Staff Initials: \_\_\_\_\_

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## CONSENT FOR RELEASE OF INFORMATION

Resident authorizes J&G Transitional Homes to communicate with:

- Case Manager

- Payee
- Behavioral Health Provider
- Housing Specialist

For the purpose of:

- Verifying income
- Coordinating housing payments
- Supporting successful placement

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# HOUSE RULES ACKNOWLEDGMENT

## Core Expectations

- Treat staff and residents with respect
- No violence, threats, or theft

## Curfew

Weekday: \_\_\_\_\_

Weekend: \_\_\_\_\_

## Visitors

Visitors allowed only with staff approval

## Cleanliness

- Maintain personal room
- Participate in house chores

## Substance Policy

Zero tolerance – alcohol & drug free environment

## Medication

Must be taken as prescribed no client is to share or give another client medication not prescribed to them this is automatic discharge zero tolerance.

## Program Participation

Residents must work toward independent living goals,our homes are not designed for permanent occupation.

## Rent & Income

- Paid monthly from verified income
- Income changes must be reported

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# APPLICANT CERTIFICATION

I certify that all information provided is true and correct and I agree to follow the program guidelines.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# STAFF MOVE-IN CHECKLIST

- Room key issued
- House tour completed
- Chore assigned
- Linen issued
- Medication policy reviewed
- Curfew reviewed
- Dinner schedule explained
- Emergency procedures reviewed

Staff Initials: \_\_\_\_\_

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**J&G Transitional Homes**

## DISCHARGE DAMAGE DEPOSIT AGREEMENT

If the resident leaves the room in good condition, the \$1,200 damage deposit will be returned.

If damages are present, the deposit will be forfeited to cover repairs.

Resident Initials: \_\_\_\_\_