



TheEmbraceInc@gmail.com
Phone: (615) 939-9489

MEMBERSHIP APPLICATION

Member Information

Full Name: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

SSN: _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Current Housing & Background

Current Living Situation: _____

Ever lived in shared housing before (Y/N)? _____

Evicted in past 3 years (Y/N)? _____

On probation/parole (Y/N)? _____

Veteran (Y/N)? _____

Income & Support

Primary Source(s) of Income: _____

Monthly Income: \$ _____

Case Manager/Social Worker (Y/N)? If Yes, Name & Phone: _____

Support Services (therapy/recovery)(Y/N)? If Yes, Describe: _____

Health & Safety

Medical Conditions/Allergies (Y/N)? If Yes, Describe: _____

Prescribed Medications (Y/N)? If Yes Describe: _____

Accessibility Needs (Y/N)? If Yes, Specify: _____

History of Violent Offenses/Arson (Y/N)? _____

Referral Information

How did you hear about The Embrace?

Agreements

A. Background Check Authorization I understand that a background check is required. I agree to the background check.

Signature: _____ Date: _____

B. House Rules & Behavior Agreement I agree to comply with all rules, respect others, and maintain a drug- and alcohol-free environment.

Signature: _____ Date: _____

C. I acknowledge that I am a program participant of The Embrace Independent Living, not a tenant. My participation allows me to reside at the assigned home as part of the program and is subject to review every 30 days. Continued residency is not guaranteed and may be renewed, extended, or concluded at the program’s discretion. I understand that there is no landlord–tenant relationship established under this agreement and that landlord/tenant laws do not apply. I further acknowledge that I may be asked to vacate the premises at any time if I fail to comply with program rules, if a conflict of interest arises, or if it is determined that my continued participation is not in alignment with the program’s mission or safety standards.

Signature: _____ Date: _____

Completed applications may be dropped off at our office:

22137 Governors Highway

Richton Park, IL 60471

or by email to:

TheEmbraceInc@gmail.com



Home Information

Location Address: 948 Dartmouth Ave Matteson, IL 60443

Are you interested in a private room for \$1,150 a month or a shared room for \$800 a month?



TheEmbraceInc@gmail.com
Phone: (615) 939-9489

House Rules & Resident Agreement

1. RESPECT & CONDUCT

Respect others' privacy, property, and space. No harassment or discrimination. Quiet hours 10 PM–7 AM.

2. DRUG & ALCOHOL POLICY

No drugs or alcohol allowed on premises. Violations result in discharge.

3. CLEANLINESS & CHORES

Maintain clean rooms and shared spaces that are free of odors. Participate in weekly chores.

4. GUESTS & VISITATION

Guests allowed during visitor hours. No overnight guests.

5. SAFETY & SECURITY

Keep doors locked. No weapons or hazardous items. Report issues immediately.

6. FINANCIAL RESPONSIBILITY

Membership dues are due the 1st of each month. There is a \$15 late fee after 5th. Nonpayment can result in program dismissal.

7. COMMUNITY PARTICIPATION

Participate in weekly activities and positive life sessions (if applicable).

8. PROPERTY CARE

No damage or removal of common area property or furnishing. Smoking is to be outside only and must be discarded.

9. TERMINATION POLICY

Rule violations or nonpayment can result in same day notice to vacate.

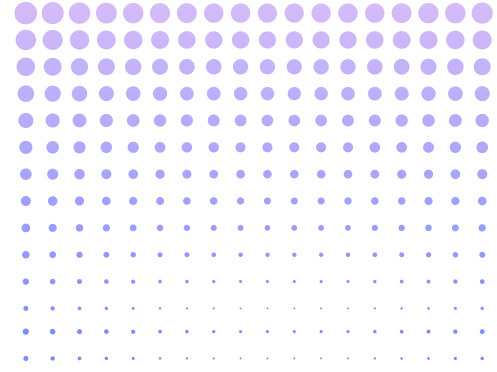
Resident Signature: _____ Date: _____

Welcome to



THE
EMBRACE
INDEPENDENT LIVING

We are honored that you have chosen to make this your home. Our mission is to provide a safe, structured, and respectful living environment that promotes independence, personal responsibility, and growth. This is an independent living environment designed for adults who are capable of managing their own daily activities while living in a supportive community setting.



Our Core Values



We are committed to maintaining:

- A clean and safe environment
- Clear expectations and structure
- Mutual respect among residents
- Accountability and personal responsibility

This handbook outlines your rights, responsibilities, and expectations as a member of our home. Please review it carefully. Your signature on the acknowledgment forms confirms your understanding and agreement.

We are excited to have you here and look forward to supporting your journey toward stability and independence.



MEMBER AGREEMENT

This Independent Living Facility provides shared housing in a structured environment. This is NOT a lease and does NOT create a landlord-tenant relationship unless otherwise required by law.

Member agrees to:

- Pay rent due on the 1st of each month.
- Maintain cleanliness of personal and shared spaces.
- Follow all house rules and community guidelines.
- Respect staff, other members, neighbors, and property.
- Refrain from illegal activity on or off the premises.
- Maintain independent functioning and self-care.

Failure to comply may result in termination of residency per the Termination Policy.

Member Signature: _____ Date: _____

MOVE IN PROCESS

Step 1: Arrival Check-In

Upon arrival, you will check in with staff and confirm your move-in items.

Step 2: All Bags Stay Outside For Inspection By Staff

All belongings brought to the property must remain outside for a minimum of 2 hours including:

- Suitcases
- Bags / backpacks
- Bins / totes
- Boxes
- Any personal items

Nothing comes inside during this time.

Step 3: Remove Arrival Clothing

You will remove the clothing you arrived in. Staff will place those items in the sanitation laundry process.

Step 4: Shower Immediately

You must take a full shower using your own or facility-provided hygiene products.

Step 5: Receive New Clothing

After your shower, the facility will provide brand new:
Shirt, pants, and socks

You will wear these while your belongings are being sanitized and inspected.

Step 6: Sanitize All Belongings

After the waiting period, staff will begin processing your items:
Washable items (clothes, linens, etc.) will be washed and dried (high heat when appropriate).

Non-washable items (bags, shoes, small personal items) will be sanitized and inspected by staff.

Step 7: Staff Review & Approval

A staff member will review your sanitized items before they are approved to enter the home.

Items that cannot be safely sanitized may be restricted or not allowed inside.

Step 8: Items Returned to You

Once items are sanitized and approved, they will be returned to you and you may bring them to your assigned living space.

ACKNOWLEDGMENT

I understand and agree to follow this Move-In Procedure and understand it is required to prevent pests from entering the property.

Member Signature: _____ Date: _____

INDEPENDENT LIVING DISCLOSURE / NO-SERVICES AGREEMENT

This facility is an Independent Living Facility (ILF).

We do NOT provide:

- Medical services
- Nursing care
- Medication management
- Clinical treatment
- Mental health therapy
- Case management services
- Personal care services

Members are fully responsible for:

- Their own medical appointments
- Medication management
- Personal hygiene
- Transportation
- Financial management

This residence is strictly a housing environment.

Member Signature: _____ Date: _____

RESIDENT RIGHTS & RESPONSIBILITIES ACKNOWLEDGMENT

Members have the right to:

- A safe and clean living environment
- Respect and dignity
- Privacy within their sleeping area
- Equal treatment regardless of race, religion, gender, or background
- File grievances without retaliation

Members are responsible for:

- Paying rent on time
- Following house rules
- Maintaining personal hygiene
- Respecting quiet hours
- Maintaining cleanliness
- Not disturbing neighbors

Member Signature: _____ Date: _____

HOUSE RULES ACKNOWLEDGMENT

By signing below, I agree to:

- No drugs or illegal substances on property
- No alcohol abuse
- No weapons
- No fighting or threats
- No smoking inside the home
- Quiet hours from 10:00 PM - 7:00 AM
- Keep shared areas clean
- No overnight guests

Violation of house rules may result in immediate discharge.

Member Signature: _____ Date: _____

RENT PAYMENT AUTHORIZATION (AUTOMATIC PAYMENTS)

I authorize The Embrace Inc to charge my rent automatically via:

- Debit Card
- Credit Card
- ACH Bank Draft
- Zelle / Cash App / Other

Amount: \$_____

Frequency: Weekly Monthly

Start Date: _____

I understand late fees of \$15 will apply after 5 days past due.

Member Signature: _____ Date: _____

SECURITY CAMERA CONSENT

For safety purposes, this property is monitored by security cameras in common areas and exterior areas only.

There are NO cameras in bathrooms or private sleeping areas.

By signing below, I acknowledge:

- Cameras operate 24/7
- Footage may be used for safety investigations
- Tampering with cameras is grounds for discharge

Member Signature: _____ Date: _____

MEDICATION SELF-ADMINISTRATION STATEMENT

I acknowledge:

- I am fully responsible for managing my own medications.
- Staff do NOT supervise, store, or administer medications.
- I assume all risks related to medication usage.

Member Signature: _____ Date: _____

HOLD HARMLESS / LIABILITY WAIVER

I agree to hold harmless and release The Embrace Inc owners, and staff from liability for:

- Personal injury not caused by gross negligence
- Theft of personal belongings
- Medical emergencies
- Acts of other residents

I understand I reside here voluntarily and can leave at anytime.

Member Signature: _____ Date: _____

EMERGENCY CONTACT & EMERGENCY PLAN ACKNOWLEDGMENT

Emergency Contact Name: _____

Phone: _____

Relationship: _____

I understand in case of:

- Medical emergency → 911 will be called
- Fire → Evacuate immediately
- Severe weather → Follow staff instruction

Member Signature: _____ Date: _____

COMPLAINT PROCEDURE

If a member has a complaint:

Step 1: Submit written complaint to management.

Step 2: Management will respond within 24 hours.

Step 3: If unresolved, a review meeting may be scheduled.

Retaliation is prohibited.

Member Signature: _____ Date: _____

TB / COMMUNICABLE DISEASE SCREENING ACKNOWLEDGMENT

I certify:

- I am free from active tuberculosis.
- I am not knowingly carrying communicable diseases that pose a risk to others.
- I agree to notify management if diagnosed.

Member Signature: _____ Date: _____

VISITOR POLICY ACKNOWLEDGMENT

Visitors are allowed:

- Between 8:00 AM and 10:00 PM
- Maximum of 3 hours per visit
- No overnight guests
- Must follow house rules

Member is responsible for visitor behavior.

Member Signature: _____ Date: _____

GOOD NEIGHBOR POLICY

Members agree to:

- Respect surrounding neighbors
- No loitering outside
- No loud music outside
- No blocking driveways
- Maintain positive community presence

Violations may result in discharge.

Member Signature: _____ Date: _____

PROPERTY & PERSONAL BELONGINGS DISCLAIMER

The facility is not responsible for:

- Lost items
- Stolen property
- Damaged belongings

Members are encouraged to:

- Secure valuables
- Obtain renter's insurance if desired

Member Signature: _____ Date: _____

TERMINATION / DISCHARGE POLICY

Residency may be terminated for:

- Nonpayment of rent
- Violence or threats
- Drug or illegal activity
- Repeated rule violations
- Property damage
- Behavior disrupting the community

Management may issue:

- Verbal warning
- Written warning
- Immediate discharge (if severe)

Notice period: 2 days (unless emergency discharge)

Member Signature: _____ Date: _____



Contact :

theembraceinc@gmail.com

Closing Thoughts and Resources

Thank you for taking the time to review this handbook. Every member plays an important role in maintaining a safe, peaceful, and supportive environment for everyone who lives here. By following the policies and expectations outlined in this handbook, we can ensure that the home remains a place where individuals can focus on personal growth, stability, and moving forward in life.

We encourage all members to communicate openly, support one another, and take pride in maintaining a positive living space.

If you ever have questions, concerns, or need guidance, please reach out to management. We are here to help maintain a structured and respectful living environment that allows everyone the opportunity to succeed.

Remember, this home is a stepping stone toward greater independence, stability, and opportunity.

We wish you success during your time here.
