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### Home Safe

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Home Safe  
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## **Introduction**

Home Safe is a program aimed at providing affordable, permanent, and supportive housing to women and their children escaping domestic violence. Home Safe is a 501c3 non-profit. In Kitsap County, there is a severe shortage of affordable housing options for families. Market-rate housing is far too expensive for many families, especially single-parent households. Subsidized housing has waitlists that are years long. Add in the trauma, barriers to services, and instability caused by domestic violence, and it becomes clear why many women feel trapped, unable to escape violent partners. Conflict theory and feminist theory will be guiding frameworks for this proposal.

## **Description of Project**

**Population Served:** Women and children escaping domestic violence in Kitsap County.

**Theoretical Orientation and Key Assumptions:** I am influenced by Conflict Theory because it explains how power can be abused in order to gain control of limited resources in society. I am also influenced by Feminist Theory because it explains how gender can influence how much power a person has in society. Historically, patriarchal views have systematically limited women. Key assumptions include the fact that domestic violence is wrong, domestic violence is a pervasive public health issue, families thrive best in non-violent environments, there is a lack of affordable housing in Kitsap County making escape from domestic violence very difficult.

**Initial Introduction of the Proposed Intervention:** Home Safe would use housing that already exists in the community, eliminating the need for a large property investment or capital. To begin with, two homes would be used to house four families. Shared housing would make it affordable for families. Using properties meant for permanent co-habitation would make the housing permanent if needed. Services like mental health therapy, case management, and referral would make the housing supportive. Shared living spaces would create a sense of family, community, and support.

**Values and Ethical Considerations:** This project reflects the NASW values of service by providing affordable, permanent, and supportive housing to individuals escaping violence. The program aims to address two social problems: lack of affordable housing and domestic violence. This project reflects social justice by promoting the humane treatment of all people and their right to have their basic needs met, to include safety and shelter. This project promotes the dignity and worth of the families it serves. Shared housing creates an environment where human relationships can be built and strengthened. Communities can share resources and a sense of belonging can be restored. Ethical considerations around privacy and competence will be minimized through employing licensed volunteer social workers and mental health practitioners. Further, house rules agreed upon by housemates will strengthen housemates' sense of self-determination and privacy. Home locations will be kept strictly confidential to protect their members.

## **Background**

There is a shortage of long-term, supportive, and affordable housing options for women and their children fleeing domestic violence. Globally, approximately one in three women will experience violence in their lifetime (Trabold, McMahon, Alsobrooks, et al., 2018). The rates are very similar within the United States; 10 percent of women are raped by a partner while 50 percent are psychologically abused (Trabold, McMahon, Alsobrooks, et al., 2018). “Each year, domestic violence results in an estimated 1200 deaths and 2 million injuries among women” (National Center for Injury Prevention and Control, 2003).

There is a large body of evidence demonstrating a strong correlation between domestic violence and housing instability. According to Clark, Wood, & Sullivan (2019), women who experience DV are four times more likely to become homeless than women who do not.

Soaring rent prices coupled with survivor’s often limited work history, limited rental history, and emotional and physical trauma makes for a complex web of barriers for women seeking safe, supportive, affordable, and long-term housing. Without housing stability, many women are further traumatized and return to their abuser, continuing the cycle of abuse at the cost of their and their children’s wellbeing. To address this issue, there must be an increase in affordable long-term housing in Kitsap County by opening a home-share program for women escaping domestic violence.

It was not until the 20th century that Americans could afford to live in homes with only one or two inhabitants. Until then, multiple generations would share one home to solve the issue of housing affordability. A return to this system or a version of this shared housing system among community members could drastically reduce homelessness. Women who are leaving an abusive partner often cannot afford to house themselves and their children in a safe, stable environment.

Services to address the need for safe housing for DV survivors started as “safe-houses” in the 1960s and ’70s. These safe-houses served as the first DV shelters in the United States. Since then, the development of DV transitional housing (DVTH), which houses women for a few months to a few years with an eventual move-out date, emerged (Clark, D. L., Wood, L., & Sullivan, C. M., 2019).

Historically, DVTH was paid for through HUD beginning in 1986, but DVTH was not funded federally until the Violence Against Women Act was passed in 1994. Violence Against Women Act (VAWA) of 2005 allocated 10 million dollars towards creating permanent housing for DV victims. Permanent housing was first developed as a response to the deinstitutionalization of the mentally ill. This permanent housing model was then adopted for the homeless in the 1980s. This model continues to be adapted for other populations like those leaving jail or retired persons (Clark, D. L., Wood, L., & Sullivan, C. M., 2019).

The lack of affordable long-term housing has not happened overnight. Multiple factors have contributed to this lack in Kitsap County. In the 1980’s many subsidized units were built in the county through block grants. The developers of these housing units agreed to be subsidized

for 20-30+ years in exchange for discounted interest rates on the property and building. These subsidy agreements are expiring, and many once-affordable units in Kitsap County are now renting at market rate or being torn down and rebuilt at market rate. This trend has displaced many low-income and vulnerable populations.

Kitsap County is unique from some surrounding counties due to the influence of the U.S. Naval bases. When a navy ship comes to Kitsap, it brings with it an increase in demand for family housing and a population that can and will pay whatever the rent costs. Active duty military members receive a housing stipend that is adjusted to the cost of living for the area. This housing stipend drives up prices and drives down available housing units. New housing units are catered to the military and Seattle commuters, who have higher incomes.

In an article Titled “Housing Made Everything Else Possible” by Amber Clough, Jessica E. Draughon, Veronica Njie-Carr, Chiquita Rollins, Nancy Glass (2014) the great recession of 2008 was addressed and made mention of the recession influencing the amount of affordable housing available. The two decades leading up to the great recession produced less affordable housing than in prior decades. Unemployment increased during the great recession, and homeownership lessened. More people were renting homes than before, putting further strain on the rental home market between 2008 and 2011.

There is a large body of evidence suggesting that interventions for housing for DV survivors should be trauma-informed, encourage collaboration with the surrounding community, and help survivors to re-connect with their social support systems like family and friends. A review of housing policies and program practices by Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass (2010) found that there is a trend towards policies to protect DV survivors and more funding is being allocated for permanent and long-term housing for DV survivors as research shines a light on the need for more long-term services. Interventions should allow for the privacy of its house-mates, increase self-agency, dignity, be safe, clean, and centered within the community, not in outlying areas that can create further isolation and transportation challenges.

In my work as a case manager, I discuss housing insecurity daily with my clients. People simply cannot afford to live in Kitsap County without a high income or dual income. Domestic violence affects a surprisingly large portion of my clients. Many of them do not even recognize their harmful experiences as domestic violence until they find themselves in my office, telling their story and requesting help with housing stability.

### **Risks and Opportunities**

There are some risks with this program. One risk is damage to the properties used. The Home Safe program would not require tenants to pay deposits to move in because deposits pose a barrier to housing. The Home Safe program would have an annual budget for home repairs. Further, there is a risk that tenants would have to move out if they could not pay their rent. Credit checks will not be performed on housemates, as credit checks also pose a barrier to housing. Financial support in the form of grants, sponsorships, and subsidies would work to keep the housing affordable, lowering the risk of eviction. Emotional and practical supports in the form of

case management and mental health services would be in place to further reduce the risk of eviction. However, this program may not be possible for some.

Opportunities lie in the ability to house four families, providing them a sense of community, belonging, dignity, safety, and stability. If this program proves successful, it could be the pilot program used to launch similar programs around the country. Keeping initial capital low makes for a more easily replicated program.

A similar program in Kitsap County was recently denied county funding. A program of this nature, while desperately needed, may not receive county funding. Policies will include the following: house members must not have a serious substance use disorder; they must agree to create house rules with other house members and follow these rules. Members must agree to meet with mental health practitioners and case managers. Members will work with a case manager to plan how the rent will be paid and to explore options for financial assistance. Disputes with household members will be resolved internally and may include assistance from case managers or mental health practitioners when necessary.

### **Budget**

The budget will consist of direct and indirect costs. The direct costs will technically be zero dollars because services will be in-kind donations of time by an executive director, four mental health practitioners, and four case-managers. In-kind hours will reduce at the discretion of the client and volunteer, based on the individual needs of the client and families.

The indirect costs will include the start-up costs per home, which includes a rental deposit, first month's rent, home furnishings, and an account for home repairs. Following initial start-up costs, the monthly budget will include rent and utilities for the home. The program will require a budget for a website and printed materials.

A \$45,000 dollar grant will get both of these homes started. The remaining funds will come from the household members. There will also be a "donate" button on the program website for people to donate funds. There may be a program implemented in the future where people can sponsor a family, paying their rent for 3 or 6 months at a time. Further, if donors want to donate land or property, that will be suggested on the website with a reminder that these donations are tax-deductible.

### **BUDGET PER HOME**

<b>DIRECT COSTS</b>	
Executive Director	In-kind donation 25 hours per week (worth \$2,500 per month)
4 Mental Health Practitioners	In-kind donation 16 hours per month (worth \$1,280 per month per practitioner)
4 Case-Managers	In-kind donation 16 hours per month (worth \$1,280 per month per case-manager)

<b>INDIRECT COSTS</b>	
Rent	\$1,800 per month
Utilities	\$500 (electricity, water, garbage, internet)
Deposit	\$1,800 one-time fee
Website	\$25 monthly fee
Printed materials	\$75 (brochures, printed surveys, gad9, anxiety screens, progress notes)
Home Furnishings	\$3,000 one-time cost
Home Repairs	\$1,200 per year
<b>GRAND TOTAL PER MONTH</b>	<b>\$2,400</b>
<b>GRAND TOTAL ANNUALLY</b>	<b>\$31,800</b>
<b>FIRST YEAR OPENING HOME</b>	<b>\$34,800</b>

### **Advertising**

Home Safe will have a website describing its purpose. Home Safe will have a Facebook and Instagram page managed by the executive director and assisted through its professional volunteers. 500 printed pamphlets will be created, and newspaper ads might be used. The purpose of the advertising will not be to recruit families in need. Those recruitments will come from partner agencies. The purpose of the advertisements will be to recruit licensed social workers and mental health practitioners who would like to volunteer their services. The advertisements will also serve to attract financial donors or property owners willing to donate or rent their property to families. The advertisements will also serve to educate grantors and committees about the program in an effort to secure grants and subsidies to finance Home Safe.

### **Evaluation Plan**

Program evaluation will be formative, allowing for periodic evaluation of the program throughout the year. Course correction as needed will be implemented to ensure that Home Safe is managed in a compassionate, ethical, fiscally responsible, culturally responsive, evidence based, and client-driven manner.

Two main outcomes will be evaluated. The first outcome is “four families will be stably housed within the home share program.” This will be evaluated based on the following two indicators: “four families will be housed for the last 90 days in the two homes provided” and “four families will have financial and mental health strategies for maintaining stability.” The second outcome is “clients will feel less distressed and supported in their goals.” This will be evaluated based on the following two indicators: “families will report feeling supported in their goals” and “families will report lower levels of anxiety and depression.”

Four leases and agreed-upon house rules will be signed. Case notes will be collected by volunteer mental health practitioners and case-managers. Answers to GAD9 and anxiety screen

will be monitored for a reduction in symptoms (at least two points reduction). CAGE assessments will be distributed. Reliability and validity will be ensured in the evaluation plan. The GAD9, anxiety scales, and SUD screen (CAGE) are established tools shown to be valid and reliable. The Likert scale questions will be sent to colleagues to review for validity. Answers on the Likert scale questions will be compared over time to test for reliability.

### **Next Steps**

**Project Specifics:** I will create an outreach brochure and then distribute 500 brochures. The brochures will be distributed to possible volunteers and donors. I will create a website informing possible volunteers and stakeholders about the Home Safe program. I will recruit 15 funders, grantors, or local businesses to assist with expenses. I will secure the first two houses to rent. Security deposits will be paid by the program and the executive director will sign the leases. House members will not sign a lease, only house rules. Four volunteer case-managers and four mental health practitioners will be recruited and trained to work 16 hours per month. I will identify and begin working with four families to be housed (two in each home) through referrals from other agencies.

**Included in the Final Capstone Description:** House rules template, GAD 9, anxiety screens, CAGE SUD screen, and a progress note template will be included in the final Capstone project.

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Home Safe:  
Providing Permanent, Affordable, Supportive Housing for Women and Children Escaping  
Domestic Violence

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## **Abstract**

Home Safe is a housing program designed to provide permanent, affordable, supportive housing for women and children escaping domestic violence. The project is guided by evidence-based practice for serving this vulnerable population most effectively. This program is also guided by the NASW Code of Ethics. Guiding theoretical orientations include conflict theory and feminist theory. A basic description of the Home Share program is provided along with a discussion about program evaluation techniques and Home Share's strategies for eliminating housing barriers for women and children escaping domestic violence. Volunteer recruitment, funding, and phase 2 planning is described. The program is designed to be replicated by other communities to create more housing for this population.

*Keywords:* domestic violence, housing, affordable housing, social work, feminist theory, conflict theory, NASW, Code of Ethics, evidence-based practice

## **Introduction**

### **Needs, Goals, Objectives and Objective Indicators**

Home Safe is a program aimed at providing affordable, permanent, and supportive housing to women and their children escaping domestic violence. Home Safe is a 501c3 non-profit. In Kitsap County, there is a severe shortage of affordable housing options for families. Market-rate housing is far too expensive for many families, especially single-parent households. Subsidized housing has waitlists that are years long. Add in the trauma, barriers to services, and instability caused by domestic violence, and it becomes clear why many women feel trapped, unable to escape violent partners.

The first phase/goal of this project is to provide two houses and house four single mothers and their children within the two homes. Once this phase/goal is achieved, phase two would include the opening of two homes for women without children. For the purpose of this description, only phase one will be addressed in detail.

The project's first objective is that four families will be stably housed within the home share program. The first objective indicator for this objective is four families will have financial and mental health strategies for maintaining stability. The second objective indicator for this objective is four families will be housed for the last 90 days in the two homes provided. The project's second objective is clients will feel less distressed and supported in their goals. The first objective indicator for the second objective is families will report feeling supported in their goals. The second objective indicator for the second objective is families will report lower levels of anxiety and depression. Specifically, a reduction in answers to the depression and anxiety screens will be reduced by at least two points per client in follow-up assessments.

Program evaluation will be formative, allowing for the periodic assessment of the program throughout the year. Course correction as needed will be implemented to ensure that Home Safe is managed in a compassionate, ethical, fiscally responsible, culturally responsive, evidence-based, and client-driven manner.

### **Key Theoretical Frameworks**

Two key theoretical frameworks guide the Home Safe housing project. The first theoretical framework is the conflict theory. The conflict theory explains how systematic oppression of one group over another creates a power imbalance. This power imbalance is created in an attempt for the oppressive group to maintaining control and power in a world with limited resources. In this housing project, the oppressive group is men who exert power and control over women using intimidation, coercion, and violence, also known as domestic violence. Another oppressive force that is driving the need for affordable housing for women is income inequality, also explained by the conflict theory.

The second theoretical framework guiding this intervention is feminist theory. This theory shares aspects of the conflict theory, focusing on those in power and those who are rendered powerless. In feminist theory, oppression is explained by the systematic oppression of women by men in a patriarchal society, which strips women of their self-agency and withholds equal rights and access to resources based on gender. We can see this oppression clearly in the use of domestic violence, which leaves women traumatized and lacking resources to gain stability and safety for themselves and their children.

## **Description of Project**

### **The Basics**

Home Safe's primary goal is to provide permanent, affordable, supportive housing to women and children escaping domestic violence. Home Share would strive to create housing guided by evidence-based practice and the NASW Code of Ethics. Based on these principles, Home Share would promote house members' sense of self-efficacy, dignity, privacy, safety, community belonging, and support.

The Executive Director, under the umbrella of the Home Safe program, would rent two homes, sign the lease, and pay the safety deposit for each home. Partner agencies such as women's shelters, police officers, social workers, and emergency health care workers like EMT, nurses, and doctors, could contact the E.D. and refer families to the program. The E.D. would assign a case-manager to provide a screening for eligibility (see addendum A) and complete their intake paperwork if they were a good fit for the program. There would be an effort made to match families together who might be compatible to live together. The two families would create house rules (see addendum A) and live together, paying what they could, and receiving some financial assistance through the Home Safe program as appropriate. The housemates would agree to participate in case management and therapy sessions as agreed upon by the house member and their social worker and therapist. The frequency of services would be individualized to the needs of the house member and family. Families could leave the program if they wish.

### **Eliminating Housing Barriers**

Credit history, employment status, criminal history, rental deposits, and application fees pose barriers for many women who need housing. Home Share works to eliminate these barriers.

House members would not sign a lease because Home Safe would hold the lease. House members would sign an agreement to participate in the program in place of a lease. Background checks would only be run to screen for violent crime, and criminal history would not automatically bar entrance to the program. Credit checks would not be run on the house mates. Deposits and rental fees would not be required of housemates.

### **Volunteers**

Each family would be assigned one licensed social worker to provide case-management and one licensed therapist. Because these providers would be volunteer only, they will only be assigned one family and provide no more than four volunteer hours per month. This is to promote volunteer retention by avoiding volunteer burn out. Volunteer retention will allow for continuity of care for the house members.

### **Funding**

I would identify funding sources and apply for government grants and subsidies to help pay for the program. Funding sources besides government grants and subsidies might include local businesses who would like to sponsor the program, individuals who would like to donate money or properties, or individuals would might “adopt” a family, paying an anonymous house member’s rent for 3-6 months. The funding would be used for the following expenses: assisting housemates in paying their rent, utility payments, house repairs, advertising, and print materials. I would also recruit volunteers through a Home Share website and network with local social services agencies and the community. Additionally, I would create an outreach brochure and then distribute 500 brochures. The brochures would be distributed to possible volunteers and donors.

## **Looking Forward**

Eventually, a board of directors would be created to manage Home Share. The board would ideally consist of someone with a mental health background, a domestic violence specialist, a social worker, and realtor or experienced property manager, a lawyer, a finance specialist, and someone experienced in non-profits. The board would meet once per month. In addition, after four families were successfully housed within two homes, two additional homes would be opened for women without children, housing three to four women per house. The Home Share website would have instructions about how to replicate this housing model, so similar housing projects could be replicated in other areas.

## References

Amber Clough, Jessica E. Draughon, Veronica Njie-Carr, Chiquita Rollins, Nancy Glass, 2014.

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Addendum A

**Intake Screening**  
**Welcome to Home Safe**

**PLEASE PRINT**

First Name \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. (_____) _____	Secondary Phone No.(_____) _____
Email Contact _____	

Please Sign: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**CHILDREN IN YOUR HOUSEHOLD**

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M/F Birth Date \_\_\_/\_\_\_/\_\_\_

**BRIEF DESCRIPTION OF YOUR SITUATION**

**Are you a veteran?**  Yes  No

**What benefits do you receive?**

Food Benefits  Energy Assistance  DSHS Medical  TANF  WIC  SSDI  
 SSI  Soc. Security  VA Benefits  Unemployment Benefits  Other Benefits

**Monthly Household Income (incl. child support)** \_\_\_\_\_

**How much Does Your Household Pay Each Month For These Things?**

Child Support Cost \_\_\_\_\_ Credit Cards & Debts \_\_\_\_\_ Other \_\_\_\_\_

Medical/Drug Costs \_\_\_\_\_ Utility Costs \_\_\_\_\_ Car Expenses \_\_\_\_\_

## Home Safe House Member Participation Agreement

I, \_\_\_\_\_, agree to participate in regular house meetings and abide by agreed upon house rules as decided on by myself and other house members. Further, I agree to meet with my social worker and mental health counselor on a regular basis. The frequency of meetings will be agreed upon with my social worker and mental health counselor and will typically not exceed more than once per week.

I agree not to abuse substances while living in the home. I agree to contribute to the peace and harmony of the house to the best of my ability and reach out to my case manager and/or mental health counselor if I need assistance with this. I will promote an environment of respect, dignity, and compassion with other house members.

## Depression Screen Questionnaire PHQ-9

Name \_\_\_\_\_ Date \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use a 'check' to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
--	------------	--------------	-------------------------	------------------

1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself.	0	1	2	3

*Total Score*    \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

*5-9 Mild Depression*

*10-19 Moderate Depression*

*20-27 Severe Depression*

## Anxiety Screen Questionnaire GAD-7

<p><i>Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems? (use a 'check' to indicate your answer)</i></p>	Not at all	Several days	More than half the days	Nearly every day
---	------------	--------------	-------------------------	------------------

1. Feeling nervous, anxious or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it is hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3

*Total Score*    \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

*5-9 Mild Anxiety*

*10-14 Moderate Anxiety*

*15-21 Severe Anxiety*

## SUD Questionnaire

### CAGE

- Have you ever felt you should Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

### Substance Use History

#### Marijuana

First Use:                      Last Use:

Frequency and Amount:

#### Opiates (codeine, morphine, oxycodone)

First Use:                      Last Use:

Frequency and Amount:

#### Stimulants (Cocaine, Methamphetamine, MDMA, etc)

First Use:                      Last Use:

Frequency and Amount:

#### Hallucinogens (LSD, PCP)

First Use:                      Last Use:

Frequency and Amount:

#### Barbiturates (phenobarbital)

First Use:                      Last Use:

Frequency and Amount:

#### Benzodiazepines (Xanax, Klonopin, Valium, Ativan)

First Use:                      Last Use:

Frequency and Amount:

#### Nicotine

First Use:                      Last Use:

Frequency and Amount:

**Past Drug/Alcohol Detox:** Yes No

Commentary: [Click here to enter text.](#)

**Past Drug/Alcohol Treatment:**  Yes No

Commentary: [Click here to enter text.](#)

## House Rules

Adult house mates will meet \_\_Monthly or \_\_Bi-Weekly

- Resolve any problem affecting members in the House
- Resolve general complaints about maintenance of the house
- Consider proposals or projects to be undertaken by the House
  
- Other issues house mates would like to address:
  - 1)
  - 2)
  - 3)

First Name \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_/\_\_/\_\_

*Next meeting date:* \_\_\_\_\_

## Home Safe Privacy Disclosure

Your privacy and safety is important to us. We never give your personal information to anyone outside of the Home Safe program unless we are legally obligated to do so or you authorize us to disclose it. Exceptions to this and the other policies outlined in this form are made only in unusual circumstances (such as a medical emergency) and only when authorized by Home Safe's Executive Director.

Please be aware, however, that information you share with us may sometimes be disclosed internally to other Home Share volunteers, house members, or the Executive Director on a need-to-know basis. For instance, your information might be discussed among our social workers, who work collaboratively to provide the best possible service to you.

In order to protect confidentiality, our social workers do not communicate with clients via social media. For instance, they will not accept friend requests on Facebook, follow you on Twitter, or connect with you on LinkedIn. From time to time, we might communicate with you via email, but please be aware that emails to or from Home Safe are not encrypted. Therefore, you should avoid sharing sensitive information with us via email.

You should do your best to protect the privacy of your housemates, as well. Please do not disclose your address online.

Finally, we want to remind you that the GPS settings on your cell phone can reveal your location to your friends and family members. Therefore, you should disable the GPS or 'location service' feature on your phone.

By signing this form, you are indicating that you understand and consent to these policies. If you have any question about these policies, please ask your social worker or the executive director before signing.

Please initial your choice below and, if you wish, a copy will be provided to you.

\_\_\_\_\_ I decline a copy of this form \_\_\_\_\_ I received a copy of this form

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*Client Signature*

*Date*

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*Printed Name*