



## Mission Statement

Friendship House Fayetteville works alongside young adults with intellectual and developmental disabilities and their families to provide intentional, transitional living. At its core, this faith-based community is rooted in table fellowship expressed through a daily rhythm of eating, praying, and celebrating together.

### Friendship House Fayetteville Model

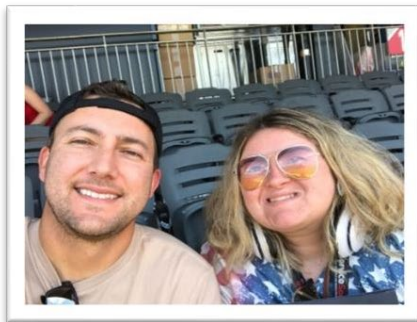
Each of the three homes will have two apartment suites. In each suite, three college students/young professionals live with one "friend resident." Friend residents are young adults with intellectual and developmental disabilities (I/DD), such as Down Syndrome or Autism. As a gateway to independent living, friend residents are expected to maintain part-time jobs and/or be actively engaged in job development services and be able to take care of themselves. Students/young professionals live as housemates and friends, setting positive examples and help foster the interdependence of friend residents.



### For Additional Information:

Our Website: [www.FriendshipHouseFayetteville.org](http://www.FriendshipHouseFayetteville.org)

Friendship House Program Manager: 910-490-6568



## **FRIEND RESIDENT**

### **Admission Requirements Role & Expectations**

The core members of Friendship House are the Friend Residents. Young adults with intellectual/developmental disabilities who, with the support of their families, housemates, and rehabilitation staff are prepared to maintain or seek a part-time job or significant volunteer opportunity in the community, care for themselves, be a friend to housemates, participate in the community life of Friendship House as best they can, and make an effort to develop their independent living skills. The rhythm of the community is *Eat, Pray, Celebrate*.

#### **Admission Requirements**

- Minimum age of 21 (30-year age maximum at entry of Friendship House) 4-year stay
- Guardians are responsible for monthly rent (\$475 per month, which includes utilities and not food/activities)
- Participate in minimally biannual assessments.
- Clear background check and drug test.
- Where applicable, **provide legal documents of guardianship, power of attorney** details, competency details and health insurance.
- Participate with family members in developing the Individual Service Plan and related goals.
- Currently hold or seek meaningful employment or be actively engaged in job development services in the community outside of Friendship House, where appropriate, with the support of certified supported employment staff.
- Able to self-medicate (signed statement from your doctor indicating you are able to self-medicate if needed.) Updates provided within 24 hours for any new or changes in medications
- Has financial resources to sustain rent and living expenses
- Family of friend resident is available and supportive to work each month to set and assess goals and progress with Resident Director and ServiceSource staff in order to graduate from Friendship House.
- Family must live in Cumberland County
- Student /Young Professional residents are neither qualified nor required to be caretakers of Friend Residents (i.e. medical conditions or services that require onsite caretaking).
- Participate to the best of your ability in the rhythm of the Friendship House community of *Eat, Pray, Celebrate* by coming together in daily prayer and weekly dinner fellowship with housemates (minimum once per week dinners)

#### **Role and Expectations:**

- Be a friend
- Applicant expresses the desire to live interdependently and participate in prayer and the community life of Friendship House to the extent that they are able.
- Each month, the Friend Resident, and their families, along with the Resident Director will meet to review their goals and progress.
- Utilize and maximize independent and interdependent living skills (social and soft skills)
- Develop and enhance the ability to manage time and daily routines (activities of daily living)



- Roommates are not responsible for daily meals for Friend Residents (apartments and homes will come together in fellowship at least once per week)
- Learn how to interact and share chores and responsibilities as a housemate while understanding student/young professional resident roles and responsibilities with their school and jobs.

**Friend Resident  
Background Check Release &  
Drug Screening**

Date: \_\_\_\_\_

Please fill out the following information and release permission for Friendship House Fayetteville to run a background check. Information contained on this form is PHI/P11 and confidential. The material may be covered under The Privacy Act, 5. USC 55261 and/or the HIPPA (PL 104-191). Unlawful viewing or release may result in fines of up to \$5,000.

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

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

Social Security#: \_\_\_\_\_

Provide current and then most recent prior residence:

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

I give permission for the office of ServiceSource, as partners of Friendship House Fayetteville, to use my personal information to run a background check and drug screening as part of my application to Friendship House Fayetteville.

**ATTENTION: If Friend is under full guardianship, the Legal Guardian MUST Sign.**

Guardian or Power of Attorney Signature \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## CODE OF ETHICS/APARTMENT RULES

1. Establishing boundaries
  - A. What household items are to be shared by all. Examples:
    - Cleaning items
    - Furniture
    - Pots, pans, kitchen items, etc.
    - Television (communal living area)
  - B. Individual property are off limits to housemates: (unless person offers, or permission was given)
    - Friends/family are allowed to spend the night occasionally.
    - Overnight guests are not encouraged.
    - Housemates are asked to notify fellow housemates and Resident Director of overnight guests.
    - Guests are not permitted to spend the night, move belongings in, disrupt the rhythm of the community, etc. as they do not pay the rent and must respect the experience of, and sensitivity towards, Friend Residents consecutively and excessively. If this happens, Resident Director and ServiceSource will discuss and address the situation properly according to lease agreement.
    - Personal belongings should stay in the bedroom and not infiltrate the rest of the house.
    - Housemates may not help themselves to other housemate's food, drinks, personal items, etc.
    - All housemates need to clean up behind themselves if they make a mess or take a shower, etc. Housemates should not be expected to clean up after other housemate's guest(s).
2. If all housemates are planning meals together, then they should split grocery expenses for those meals or for shared items such as eggs, milk, condiments, and bread. (This works well to eliminate waste and reduce the use of treasured real estate in the refrigerator.)
3. Do not go into your housemate's room for any reason unless your housemate asks you to do so.
4. It is suggested that you keep your bedroom door closed when you are not at home. This makes it easier for your housemates when guests are over, so they do not have to worry about them going into your room. It also establishes boundaries that your room is off-limits.
5. Clean up after yourself in shared spaces. (bathroom, kitchen/appliances, den, etc.)
6. Designate and agree upon chores and responsibilities among apartment housemates

7. Respect each other's privacy and establish guidelines for quiet hours etc. (adhering to the city noise ordinance)
8. Tell your housemate where you are going and when to expect you back or leave a note. This is just to be courteous. Ensure you exchange phone numbers with your roommate and hang emergency numbers on the refrigerator. Residents/Housemates are welcome to travel home, out of town, etc.
9. Alcohol is permitted but must be used in a respectful manner and not excessively. It must not be left in the kitchen or communal living space for others to have access. Alcohol consumption is NOT allowed for anyone under 21 years of age. Friend Residents are not permitted to consume alcohol without their guardian's permission. If alcohol becomes used in a manner that the other housemates, Residency Director, or service source staff do not feel comfortable with, it could lead to a ban on alcohol within the apartment. Any code of ethics violation, disrespect, or boundaries broken may result in being removed from Friendship House.
10. Pets are NOT permitted (exceptions to the NC ADA Service Animal Law)
11. Firearms and any form of weapons (all guns, knives, and possible items that may cause harm) are NOT permitted by housemates or guests.
12. Remember to be honest, respectful, and responsible. Desire to maximize interdependent living and social skills and participate in the rhythm of the Friendship House Fayetteville community.
13. No illegal drugs or drug use will be tolerated

**I hereby acknowledge and agree to the roles, expectations, and code of ethics for Friend Residents at Friendship House Fayetteville. As a Friend Resident, I am responsible for adhering to the stated requirements, and I understand that a breach of these requirements will result in disciplinary action, including potential removal from Friendship House Fayetteville.**

**Friend Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Friend Resident Printed Name** \_\_\_\_\_

**ATTENTION: If the Friend is under full guardianship, the Legal Guardian MUST Sign.**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Printed Name** \_\_\_\_\_

**Friend Resident  
Assessment Information**

Date: \_\_\_\_\_

Name of Person completing application: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Information contained on this form is PHI/P11 and confidential. The material may be covered under The Privacy Act, 5. USC 55261 and/or the HIPPA (PL 104-191). Unlawful viewing or release may result in fines of up to \$5,000.

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female:  Male:  (check box)

Social Security:# \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Categories that best describe you: (Optional)**

White:  Hispanic/Latinx/Spanish:  Black/African American:

Asian:  American Indian/Alaska Native:  Middle Eastern:

Native Hawaiian/Other Pacific Islander:  Other race/ethnicity or origin:

**BENEFITS/INCOME**

Does the applicant receive any of the following:

SSI: \$ \_\_\_\_\_ SSDI: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

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

Does the applicant have a one-on-one waiver for a Care worker?: YES  NO

If yes, how many days and hours per week, does the worker provide: \_\_\_\_\_

What services are being provided? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

**PRIMARY HEALTH INSURANCE (copy of the medical card is required)**

Primary Health Insurance Provider Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy holder SS# \_\_\_\_\_

Policy# \_\_\_\_\_

Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

**Please provide a copy of the medical records with the diagnosis**

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Is the applicant currently receiving Psychological Therapy/Counseling? YES

NO  If yes, please provide the following information:

Name of Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

How often does the applicant attend therapy: \_\_\_\_\_

What issues are being addressed: \_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GUARDIANSHIP**

Is the applicant under full guardianship? (full control over person and finance): YES  NO

Is the applicant under financial guardianship only? (complete financial control): YES  **NO**

LEGAL GUARDIAN(S) \_\_\_\_\_ Phone \_\_\_\_\_

LEGAL GUARDIAN(S) \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide a copy of the Guardianship papers.**

Designated Payee Representative \_\_\_\_\_ Phone \_\_\_\_\_





Power of Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Family Independence Agency (FIA) \_\_\_\_\_ Phone \_\_\_\_\_

Community Mental Health Worker \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT**

**If the applicant is working, please provide the following information:**

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Days and Hours of work: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Is the applicant currently attending College/Technical/Certificate Programs**

Name of School \_\_\_\_\_

Degree/Certificate Program: \_\_\_\_\_ Projected Completion: \_\_\_\_\_

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

**EMERGENCY CONTACT**

(other than guardian/parents) \_\_\_\_\_ Phone \_\_\_\_\_

(other than guardian/parents) \_\_\_\_\_ Phone \_\_\_\_\_

Can the applicant administer medication independently? Yes:  No:

**MEDICATIONS**

(Please list all Prescription drugs and Over the Counter drugs currently taking)

Prescription/OTC	Medication	Dosage	Reason for Medication

**ALLERGIES**

Do you have allergies (food, medications, animals, etc.)? YES:  NO:

If yes, please list below.

What are you allergic to?	Type (food/Medications)	Reaction

**Please provide most recent shot records for Friend Resident with application**  
Including Covid-19 please

**PREVIOUS SURGERIES: MEDICAL CONDITIONS – please check Yes or No**

Heart/Vascular Condition	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Asthma/Lung Conditions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HIV/AIDS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Liver Disease/Hepatitis	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diabetes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Tuberculosis	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rheumatic Fever	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Hearing/Vision Impairment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cancer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Psychological Condition	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Bleeding/Clotting Disorder	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Musculoskeletal Condition	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Convulsions/Epilepsy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Skin Conditions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Neurological Condition	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Kidney Disease	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Handicap/Disabilities (not already listed)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Other	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			<input type="checkbox"/>

If yes to any above, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you use any Assistive Devices? (please describe): \_\_\_\_\_

Do you presently live with a pet? \_\_\_\_\_

**Friend Resident  
Assessment Reference Information**

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

**Please provide the names, addresses, phone numbers, and relationships of the applicants of the three persons you are asking to provide letters of reference. (Not related to the applicant)**

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Your signatures below will authorize the Friendship House Assessment Team and the above-listed Contact Persons to openly confer and share information regarding the above applicant.

**ATTENTION: If the applicant is under full guardianship, the Legal Guardian MUST Sign**

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:** ServiceSource 600  
Ames St. Fayetteville, NC 28301  
[FriendshipHouse@servicesource.org](mailto:FriendshipHouse@servicesource.org)