**Covenants**

* These Covenants are designed to keep Mary’s Choice and all residents, staff, volunteers, and guests safe and healthy.
* The Covenants are to be read and agreed to and signed by each resident before acceptance into Mary’s Choice.
* All Covenants will be reviewed with residents by director or staff member. You will be given the opportunity to ask and have all your questions answered.
* All Covenants must be followed at all times. Violations of any Covenant will result in correction and/or discipline which may include requiring the resident to leave Mary’s Choice and all programs.
* All residents must respect themselves, each other, staff, children, volunteers, and visitors.
* I understand Mary’s Choice is a home for independent living and a successful transition time for my family and the families of others. I understand I am responsible for meeting these requirements and goals, and for keeping these Covenants.
* The following terms have the following definitions as used in these Covenants:
* “Mary’s Choice” means all real and personal property owned, leased and in the control of Mary’s Choice; as well as all staff, directors, volunteers, employees, personnel, board members executives and their affiliates, parents, subsidiaries and agents.
* “Staff” means all Mary’s Choice employees, directors, volunteers, board members, interns and agents of all kinds.

I have read and reviewed and understood the Covenants, Mission & Philosophy; Resident Agreement; Financial, Education & Work Agreement; Childcare & Babysitting Agreement; Babysitting Contract; Programs & Training Policy; Alcohol, Drug, Smoking, Pornography & Testing Policy; Sexual Conduct & Pregnancy Policy; Agreement to Contact Other Agencies, Medication Policy; Authorization to Release Confidential Health Records; Confidentiality Policy; Transportation Agreement; Media Waiver; Abortion & Contraception Policy; Mandatory Classes & House Meetings; Conflicts Resolution Policy; Behavior, Passes, Care & Treatment of Homes Policy; Visitation Policy; Mail & Package Services Policy; and Agreement to All Polices & Covenants, Waiver & Release; and all of my questions were answered; and I agree with what they contain and I agree to follow them all.

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

**Reviewed with director/staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission and Philosophy**

**Mission…**

Mary’s Choice is a haven of hope for women who find themselves in a unplanned pregnancy situation. The mission of Mary’s Choice is to provide, as guided by the teachings of Jesus Christ, comprehensive residential care in a loving and supportive environment for pregnant women who are in a homeless or other situation and who have committed to carry their babies to term.

**Guiding Principles…**

Mary’s Choice is rooted in the Christian Doctrine and the Catholic Faith. We hope through our words and actions to make visible and present the unconditional love of our dear Lord, and the hope which is rooted in His love.

**Culture of Life…**

Mary’s Choice respects life from conception to natural death and requires the same from all residents and persons and entities in any way affiliated with it.

**Goal…**

While caring for women in need, Mary’s Choice will try to prepare expectant mothers for independent living and a vision of hope for the future. Mary’s Choice will provide housing, counseling, social service contacts, and post birth support in an independent living environment.

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

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

**Resident Agreement**

By signing this Resident Agreement, I understand that Mary’s Choice is a collection of shared residences and programs designed to encourage transition into independent living.

Mary’s Choice accepts applications for admission only from pregnant women who intend to carry their baby to full term.

Mary’s Choice wishes to have all residents successfully complete their stay and all programs. It is ultimately the responsibility of the resident to see the program through by following the necessary plan and obeying all rules.

I understand at any time during the length of my stay at Mary’s Choice that I can be dismissed at the sole discretion of the Director for any reason, including a violation of any Covenants, Rules & Regulations, Programs and/or this Agreement, including the following:

* Negative attitude and/or disrespect toward staff, residents, volunteers and/or guests.
* Inability and/or unwillingness to perform resident responsibilities;
* Physical abuse or violence of any kind.
* Alcohol or drug use, misuse, or abuse of property.
* Possession, procurement, use, production and/or distribution of pornography; and /or
* The allegation, charge, or commission of any crime.

The Director may decide without warning to dismiss a resident. The resident has no recourse but to pack her belongings and vacate the premises on the day of dismissal, whether she agrees with the determination, or not.

Warnings may be given to the resident. Staff and Resident will develop a resolution plan after warnings. If staff decides that the problem has not been resolved, the residents may be dismissed or receive further correction. All such plans will be written-up. Residents with three write-ups will be dismissed.

Residents are responsible for transferring all information when they leave Mary’s Choice, including social service, medical, employment and personal.

Your signature below indicates that you clearly understand and agree with this Resident Agreement and all Covenants and that you will cooperate with all contents.

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

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

**Financial, Education & Work Agreements**

* All residents are required to be gainfully employed and/or enrolled in an education program and/or volunteer activity at a minimum of thirty (30) hours per week.
* Residents are required to report income to Mary’s Choice via check stubs, paycheck copies, receipts, deposits and/or verbally in the event of cash income.
* Residents are responsible for the proper reporting of all income and payment of all taxes.
* Residents, who are able, will pay for all personal items including personal hygiene, food, transportation, and babysitting.
* Income must also be used to make payments toward past debt and necessary expenses in order to become debt free and obtain future housing.

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

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

**Childcare & Babysitting Agreement**

* All residents are solely responsible for the care of their own children; and/or the children who are entrusted to their care under this Agreement. All childcare, including babysitting on Mary’s Choice property shall be conducted by the child(ren)’s actual mother and/or another resident under this Agreement and these Covenants. The only exception is for mandatory meetings, classes and programs at which Mary’s Choice provides babysitting onsite. Residents may opt out of in-house class babysitting for their child and provide their own babysitting; however, they must still attend classes on time.
* No child is to be left unattended at any time. Residents must not leave children in the homes for ANY period of time without proper babysitting, even if child is sleeping.
* A Babysitting Contract (“Contract”) must be filled out by residents when leaving children in the care of other residents. The resident receiving the babysitting care for their child is responsible for securing the Contract. Contracts are available in the office and residents are responsible for making copies to ensure Contract is always available. Under no circumstance may a babysitter other than a current Mary’s Choice resident with a valid Contract, babysit any children at any of the residences. In addition, no resident is permitted to babysit any children other than current Mary’s Choice residents’ children in any of the homes.
* Residents and/or proper babysitters must be in the same room as their baby while the baby is awake unless prior arrangements with another adult resident have been made. While children are sleeping, residents must be close by and able to hear when the child wakes up. No baby or child may be left unattended in a highchair or any type of walker. Residents are responsible for ensuring children do not have access to stairs. At NO TIME may any infant or baby be left on a bed or couch/chair alone. Babies roll over without warning of the first time; therefore, they must be left in a secure crib with sides for protection.
* All children must be in bedrooms no later than 8:00 p.m. in order to give other residents quiet time in common living areas.
* All residents and babysitters are responsible for the cleanup of their children and children in their care, at all times. During babysitting hours, the Mary’s Choice resident who is providing the service is responsible for all clean up.
* No resident or babysitter may use physical violence or corporal punishment on any child at any time, including spanking, harsh yelling and/or cursing. Residents and babysitters agree to report all such conduct committed by and/or witnessed by them.

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

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

**Babysitting Contract**

***This contract must be signed each time a resident leaves a child(ren) with another resident.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am leaving my child/children (name(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with resident (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The time I will leave will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The time I will be home is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will call above resident if my plans are changed in any way.

My child is allergic to and/or needs the following special care and/or has the following special needs and disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My child will be picked up at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The child will not be given to anyone else and will only be released to above if resident babysitting and person name have been previously introduced.

Specific additional instructions are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed by Parental Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing this Agreement as the Babysitting Resident, I agree that the child(ren) listed above will remain in my constant care and that I am ready, willing and able to provide all such care and that I will follow all Mary’s Choice Covenants:

**Signed by Babysitting Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Programs & Training Policy**

* I agree to participate in, cooperate with, and successfully complete all trainings and classes recommended and/or required by staff, including Parenting, financial planning, childcare, nutrition, physical health, mental health, housing, and transition. Training classes may be held at a Mary’s Choice location or off-site facilities offering such programs.
* I authorize all staff, volunteers, and board members to discuss information about relevant aspects of my case with each other and other agencies and any other person or entity, as they see fit in my best interest and in the best interest of my child(ren); and in order to get needed assistance for myself and my child(ren).
* I unconditionally waive any and all confidentiality rights and entitlements that I and/or my child(ren) may have with respect to this information, for these purposes; under local, state and/or federal law and regulation.
* I agree that I will not share or discuss any information that I learn about others in any program, unless required to do so by law, or with written consent of the person/people involved.
* I understand that when any staff, volunteers or board members are in same room or during any classes or training sessions I am to have my phone put away.

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

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

**Alcohol, Drug, Smoking, Pornography & Testing Policy**

* I understand that I am never permitted to use, possess, sell, give or in any way manufacture, procure or distribute any pornography, alcohol and/or non-prescribed drugs or medications at any time during my residency at Mary’s Choice, whether on-or-off Mary’s Choice property.
* I understand and agree that I will be subjected to random and/or specific drug and/or alcohol testing at any time. A positive test result for alcohol and/or non-prescribed drugs will lead to dismissal.
* I understand that Mary’s Choice and all of its facilities and programs are smoke-free and I will not smoke on any such at any time.
* I will never possess, use, procure, manufacture and/or distribute pornography on Mary’s Choice Property and/or while a Resident.
* I agree that my possessions and my person may be searched at any time, randomly and/or specifically, by Staff, for any reason, or for no reason whatsoever, in order to enforce this Policy and the security of all. I waive all objections and rights against unreasonable searches & seizures while I am a resident and on Mary’s Choice property.
* I unconditionally waive any and all confidentiality rights and entitlements that I and/or my child(ren) may have with respect to this information, for these purposes; under local, state and/or federal law and regulation.

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

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

**Sexual Conduct & Pregnancy Policy**

* Mary’s Choice is run under and guided by the principles of the Christian Faith and the teachings of the Roman Catholic Church. Regardless of my religion and/or beliefs, I agree to abide by these principles. If I am unsure how to act, I will ask staff.
* I understand and agree that I will abstain from all (not engage in any) sexual conduct and activity during my residency at Mary’s Choice. Exceptions for married residents may be made upon written agreement with staff.
* I agree to submit to random and/or specific pregnancy testing at any time. If I engage in sexual conduct and/or activity and/or test positive for pregnancy after the birth of the unborn child that I was admitted with, I will be dismissed from Mary’s Choice.
* I will never use, possess, procure, manufacture and/or distribute pornography while a resident.
* I unconditionally waive any and all confidentiality rights and entitlements that I and/or my child(ren) may have with respect to this information, for these purposes; under local, state and/or federal law and regulation.

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

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

**Agreement to Contact Other Agencies**

* I understand that Mary’s Choice may need to share information from time-to-time, which is considered confidential, either by me and/or by law or regulation. I agree that Mary’s Choice can share any and all information, of any kind about me and my child(ren) that it obtains, as it sees fit, in its sole discretion, with anyone at any time, without further notice to me.
* This includes other Agencies such as Social Services, Child Protection Services, Law Enforcement, churches, medical and mental health professionals, and all other local, state, federal and private programs.
* I hereby give my permission for Mary’s Choice through its employees/agents or designees to contact other agencies for reference, gaining information or providing information pertaining to the services requested or if concerns arise. I understand this information will be used only in the interest of providing better service for me while at Mary’s Choice.
* I unconditionally waive any and all confidentiality rights and entitlements that I and/or my child(ren) may have with respect to this information, for these purposes; under local, state and/or federal law and regulation.
* The information I have given on this application is, to the best of my knowledge, complete and true. I understand that any false information may lead to my immediate dismissal.

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

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

**Medications Policy**

* All non-prescribed and non-over-the-counter medications and drugs are prohibited in use, possession, procurement, and distribution on all Mary’s Choice property.
* Administration of medicines should be only according to medical and labeling instructions and in an atmosphere conducive to maintaining the dignity and safety of the resident.
* Prescription and over-the-counter medicines are to be kept in their original containers.
* Prescriptions and all over-the-counter medicines are to be stored in a locked container at all times. Please provide locked boxes for that medication. If you cannot, please ask staff to assist you.
* Prescriptions and potentially dangerous medicines that need refrigeration are to be stored in a locked container at all times.
* Prescription and over-the-counter medicines are to be stored under proper conditions regarding sanitation, temperature, moisture, and light.
* Discontinued and expired medications of all kinds shall be disposed of properly.
* No person may ever administer and/or use and/or distribute or give any of their medications to another person, except their own child or a child in their lawful care under this Agreement.

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

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

**Authorization to Release Confidential Health Records**

Individual's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Entity's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person, Agency, or Health Care Entity

to whom disclosure is to be made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information or Health Records to be disclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Disclosure or at the Request of the Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the person signing this authorization, I understand that I am giving my permission to the above-named health care entity for disclosure of confidential health records. I understand that the health care entity may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This authorization expires on (date) or (event): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual or Individual's

Legal Representative if Individual is Unable to Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship or Authority of Legal Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement**

* I understand that during my residency and participation at Mary’s Choice, I may come into contact with information that is confidential.
* There are times when staff/residents will have meetings, programs or classes where information of a personal nature may be shared.
* There also will be time when residents may confide in other residents, giving private information.
* You also may be exposed to confidential information about Mary’s Choice, its staff, employees, volunteers, security, and methods of operation that are proprietary and confidential.
* Confidential, personal and/or private information is not to be shared outside of Mary’s Choice or between residents.
* I will never share personally identifying information about anyone residing, working and/or volunteering at Mary’s Choice, including names, address, telephone numbers, e-mail addresses, social media addresses and the like.
* If you have information which may be confidential, but which you feel poses a danger to any person, you should immediately reveal that information to Mary’s Choice staff.
* I agree that I will not discuss any information that is shared by fellow residents, except with Mary’s Choice Staff.
* I understand that some or all of the information that I gain while at Mary’s Choice may be protected by local, state and/or federal law; and that there may be consequences for revealing that information.
* I understand that if I breach this Confidentiality Agreement, I may be subject to adverse
* consequences, including immediate dismissal from Mary’s Choice.

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

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

**Transportation Agreement**

* Mary’s Choice may on occasion transport residents.
* You are always responsible for the proper and legal installation of adequate and legal car seats; and for ensuring that your child(ren) are properly secured in a car seat, and safe and secure while traveling.
* If you have any concerns about any transportation by Mary’s Choice, you should decline and make your own transportation arrangements.

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

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

**Media Waver & Release**

From time-to-time Mary’s Choice may use various forms of communication and media (e.g., photographs, videos, tape recordings, and digital media, social media, internet streaming, etc.) in order to promote awareness in the community.

Mary’s Choice will only reveal your information upon your consent, below.

I understand and agree with this policy and unconditionally waive any and all rights that I and/or my child(ren) may have to such communication and media. This includes my publicity and personal rights, including for my photo, image, voice, person, look, style, clothing, the facts of my life and Mary’s Choice involvement, and the like.

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

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

**Abortion & Contraception Policy**

**Statement of Philosophy**

* Mary’s Choice is founded on the principles of the Christian Faith, the principles and Doctrine of the Roman Catholic Church and the Culture of Life.
* These principles affirm that every living person, from conception to natural death, including the unborn, are children of our Heavenly Father who creates all in His infinite wisdom and goodness.
* Mary’s Choice exists to protect these precious lives.

**Policy**

* At no time will any resident and/or anyone affiliated with the organization, board, staff, or volunteer in any way act against these principles, against life; and/or promote, encourage, procure or in any way assist in abortion and/or euthanasia – or other termination or shortening of any life.
* The resident agrees that she will neither procure, possess, use nor distribute or encourage contraception or abortion and/or related services, at any time, for any reason.
* Abstinence and pro-life materials are made available through brochures, videos, and classes to promote sexual integrity and enhance self-esteem and self-awareness.

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

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

**Mandatory Classes & House Meetings**

* Mary’s Choice holds in-house classes. These classes may include book club, knitting, speakers or other.
* Children, other than infants who remain with their mother, must be with babysitters.
* Mary’s Choice generally provides babysitters for most mandatory meetings, classes and programs. This is the ONLY exception to the mother/resident-only babysitting policy.
* If you are unwilling, unable, or uncomfortable with the babysitters provided by Mary’s Choice, you must obtain your own babysitter, off-premises. You must, however, still attend and be on time for classes.
* Residents must ensure that their children are fed, baby diapers are changed, and personal bathroom time has been allowed, prior to all classes. Children need to be dropped off with babysitter fifteen (15) minutes prior to class and residents must be in seats at least five minutes before start of class. All cell phones must be turned off. Diapers, bottles and other necessities are to be left with babysitters. In order to ensure safety, it is the mother’s responsibility to let babysitter know what food a child can have, any allergies and food and items clearly marked.
* Residents must be on time for classes. 100% respect and attention must be given to any volunteer hosting a class. It is rude, unless there is an emergency, for residents to disrupt class time.
* Residents are not permitted to leave the mandatory activity except with the permission of staff.
* Mary’s Choice may also schedule mandatory classes, speakers, or other activities off premises. Residents will be given ample notice to adjust schedule to attend.
* Residents must be on time for any scheduled appointments with staff, house meeting, meeting with volunteers, etc.

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

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

**Conflict Resolution Policy**

There will be times when residents may have conflicts with each other and/or Staff.

Mary’s Choice Conflict Resolution Policy is as follows:

* + Residents must first try to work out conflicts between themselves.
  + If conflict cannot be worked out between residents, residents should speak to House Managers or Interns or other staff.
  + If there is still no resolution, the Director will be brought in.
  + Final decision will be made by the House Managers and Director.
  + The Residents will be told of decision, which is final.

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

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

**Behavior, Passes, Care & Treatment of Homes**

* Mary’s Choice residents agree to adhere to a 9:00 p.m. curfew unless otherwise agreed to with staff.
* After thirty (30) successful days at Mary’s Choice, one weekend pass per month may be obtained. All passes must be requested forty-eight (48) hours in advance. Passes are given for Friday after 4:00 p.m. until Sunday by 9:00 p.m.
* There will be holidays and events where curfew may be lifted, and passes will be given for extended periods of time at the discretion of staff.
* Staff hours are Monday through Friday, 9:00 a.m. till 5:00 p.m. Residents may not call staff after hours except in the case of emergency.
* Residents must be awake, out of bed and dressed in appropriate attire by 9:00 a.m. each day.
* Residents must put all paperwork in drop box by 8:00 each Monday night. Paperwork includes: Mandatory weekly journals, job search forms, medical information and any other information requested by staff.
* Signing out and in—with information of times and destination—is mandatory each time a resident leaves or enters her home.
* Chores must be completed before resident leaves home in mornings.
* Residents must respect all homes and their property and contents, at all times.
* Bedrooms must be clean, beds made, and all items picked up before resident leaves home. Dressers are not to have more than five items displayed on top. Room should look clean and clear at all times (staff will inspect and let residents know if rooms do not meet expectation.)
* Chores must be completed before resident leaves home. If resident does not leave home, chores must be completed by 10:00 a.m. If for any reason, a resident cannot complete this task, a text must be sent to housemothers explaining. A resident on bedrest on doctor’s orders must provide official note from doctor stating the reason.
* No food is allowed in bedrooms at any time. This includes children’s food.
* Children must eat meals at kitchen table. At no time should children be walking around homes with any food. This can cause an unnecessary mess and also is a choking hazard.
* Furniture is not to be moved in any rooms, including bedrooms.
* No pictures are to be added to walls; nothing additional put on walls.
* No furniture may be added to rooms. Exceptions include gifted play-and-pack if staff has been notified. There are to be no cribs or changing tables brought into rooms.
* No blankets or pillows or any type of bedding is to be brought into house. New bedding, pillows and towels are provided. Any personal bedding resident wishes to keep must be stored away from homes.
* Laundry is to be done only when resident has time to complete, leaving machine available for other residents.
* Residents must be up and appropriately dressed by 9:00 a.m.
* No movies over PG13 rating are allowed in homes.
* No phone calls after 10:00 pm.
* Residents should avoid talking loud on phone.
* No loud and/or offensive music is permitted.
* If other resident requests music or TV be turned off due to volume or content, that request is to be respected.
* Smoking, drinking alcohol, illegal drug use, swearing and abuse is forbidden at all times.
* All candles are prohibited, lit and unlit.
* No fires and/or open flames are ever permitted, including barbeques.
* All outdoor property is to be maintained and cleaned and outdoor toys are to be stored properly and neatly.
* Trash days are posted. Trash must be taken out the night before city trash pickup mornings. Trash cans must be returned to yard after trash picked up. The area around the trash can both in the yard and the street must be cleaned and maintained at all times.
* No strollers or toys are to be left on sidewalks.
* All bedroom appliances must be turned off when resident leaves room (fans, air conditioning, lights, etc.)
* No appliances may be left plugged into bathroom unless resident is in that bathroom. If staff see appliances and considers them to be a danger to children, appliances will be removed and given back when convenient to staff.
* Dress-code modesty in homes is required. Modesty is defined as making sure our bodies are clothed in a way as to honor our Lord and not to offend or embarrass those around us. This includes care to coverage and neatness of dress, thereby honoring ourselves and other residents, as well as children, staff and volunteers at Mary’s Choice. It is at the discretion of staff to speak to a resident if this requirement is not being met.
* At no time will a resident be permitted in another resident’s bedroom without their consent.
* **Appointment Calendar:** It is the responsibility of each resident to keep a daily log of activities (all doctors’ appointments, service appointments, employment and/or educational, guest visits, etc.). This log should also contain all information that pertains to the health of Mary’s Choice resident and children. This log is to be available to Mary’s Choice staff at all times. It is important not to make appointments which conflict with those already scheduled by Mary’s Choice Staff or mandatory in-house classes. It is the resident’ responsibility to schedule and maintain all doctor appointments for herself and her baby (after birth).
* **Illness: if you are in labor or are sick or your baby is sick, please notify a staff member to assist you. In case of emergency dial “911.”**
* **Group Programs**: All residents are mandated to attend in-house classes.
* **House Meetings**: House meetings are held on a monthly basis to allow both staff and residents to voice their opinions and/or concerns; these meetings will be both scheduled and unscheduled as warranted for the household. These meetings are mandatory. Suggestions and concerns are welcome. All information shared is to remain confidential.
* **Chores:** Household chores are assigned and rotated by Mary’s Choice staff. It is important for each resident to complete the assigned chores each day. Mary’s Choice staff will inspect the home at random times. Be advised that this facility is the ownership and responsibility of Mary’s Choice. Therefore, access to each room is available at any time to any Mary’s Choice member.
* It is the responsibility of residents to keep their homes clean at all times. Chores will be split between number of residents in home. However, if one resident moves out, staff will assign existing residents in that home those chores until a replacement resident arrives. Residents must agree to do those chores when asked. Failure to do so may lead to termination.
* **Laundry:** each resident is responsible for doing her own laundry. Days will be assigned to each resident. Sheets are to be washed at least once a week. If spreads/blankets need washing, consult staff.
* **Meal Preparation:** Evening meal preparation is to be done by each resident individually, as programs require, However, it will be encouraged that resident sit down to evening meals together. Breakfast must be completed by 9:30a.m. Lunch must be completed by 1:00 p.m. Dinner must be completed by 8:00 p.m. Kitchen and dining area must be cleaned immediately following meals. Changes may be made only in cases of illness and post-natal period of time. Leftover food may not be refrigerated in pots and pans intended to be shared.
* **Internet, Television & Media Use.** Resident television schedule is as follows. Sunday through Thursday television may be on between the hours of 6PM and 10PM. Friday and Saturday television must be off by 11PM. Educational programs may be watched on off hours if cleared with staff. The use of personal computers and the internet shall never contain pornography and/or offensive materials. All computers must be secured and “screen locked” and password protected when not in use.
* **Please be considerate of others with regard to volume.** Televisions are not permitted in bedrooms. Movies and TV shows must be appropriate, no ratings over PG13. Movies not meeting those requirements will be confiscated and returned when resident exits program.
* **Telephone:** A resident phone will be installed in each home for local calls only. Residents will be required to pay for long distance calls.
* **Sign out Sheet:** Residents are responsible to sign out when exiting the home. All residents must complete the sign out sheet as described **date, location, and time leaving and expected return and actual return.** Whenever you leave the house, sign out on the sheet provided for this purpose. Please be sure to enter dates.
* **Outside Activities:** Residents are allowed to attend activities with friends and family, for example, mall, movies, etc. without being accompanied by a staff member, unless the resident is a minor which are restricted by a parent. Residents must sign in and out when doing so.
* **Religious Services:** It is encouraged and recommended that Sunday be spent by attending a worship service of your particular belief. Mary’s Choice will assist in helping the residents to locate their Church. If transportation is an issue, Mary’s Choice will assist with rides either through staff or volunteer.
* **Thermostat/Alarm:** Staff will set the policy regarding temperature control.
* **Apartment lock:** Staff will have access at ALL times to the home. Staff may enter as they choose with no notice to residents. There may be no additional locks on any doors that staff does not have access to.
* **Fire Drill:** During a fire drill, close all windows, your bedroom door and exit immediately from the nearest door. In case of a fire, dial “911” immediately. Resident must vacate home with children and listen to all direction from the Emergency Rescue/ Fire Services.
* **Maternity Clothes:** Maternity clothes are provided, with the assistance of staff if needed.
* **Illness:** If you are ill, in labor or need help in any way, please do not hesitate to call for a staff person at any time.
* If a staff person cannot be reached, call your doctor or call 911 for any emergency.
* **Medical Treatment:** Mary’s Choice residents will be responsible for following all necessary medical care both to the mother and child, as determined by doctor and hospital.
* **Belongings:** All personal items must be removed 10 days after discharged from the program. Items will not be held after 10 days. Mary’s Choice will not be responsible for any lost or stolen. Residents will not be allowed to bring items other than clothing and small belongings. Mary’s Choice will not store furniture. Furniture will be provided to each resident during their stay.
* **Re-application:** Each Resident will reapply to stay at Mary’s Choice home at the six-month anniversary of their acceptance and each six months thereafter.

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

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

**Visitation Policy**

Residents may not have visitors in the homes at any time. Only Mary’s Choice approved volunteers may visit. Approved volunteers are those who have filled out our volunteer information packets. These approved volunteers may not be alone with children in the Mary’s Choice homes or babysit at any time on premise.

If a social worker or other agency must hold a meeting in the home, each and every appointment is to be approved by staff. This can be done via text.

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

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

**Mail & Package Services Policy**

* Mary’s Choice is not responsible for resident’s personal mail and/or deliveries or other personal property.
* If resident feels the mailbox at her home is unsatisfactory, she may acquire a post office box.
* Residents are responsible for notifying the post office of all changes in residence. If a resident moves from one Mary’s Choice home to another, resident is responsible for the pickup and security of mail from previous address.
* When a resident leaves the homes, mail received will be returned to the post office.

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

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

**Resident Agreement to All Covenants & Waiver & Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood all of Mary’s Choice Covenants, Agreements, Contracts and Policies (“Covenants”) which have been fully explained to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have had the opportunity to ask and have answered all of my questions. I agree with the Covenants and promise to follow them.

I understand that the assistance I receive at Mary’s Choice will be in my best interest and that of my baby and child(ren). I will be required to make my child(ren)’s needs my top priority and to work in that direction to give him/her/them a good start in life and a bright future.

During my stay, I will work towards developing positive skills so that as my due date arrives, I will feel confident in my ability as a decision maker regarding my child(ren)’s future. Before the end of my stay at Mary’s Choice, I will seek and secure housing so that I will have time to ensure a safe home which has been prepared for my baby and me.

I understand that if I choose to disregard these Covenants and any other responsibility at any time, or if I cease to show initiative, motivation or responsibility, I will also be choosing to leave.

If this happens, I understand I will have to vacate Mary’s Choice immediately and without disturbance.

I HEREBY WAIVE, RELEASE, HOLD HARMLESS, INDEMNIFY AND AGREE TO DEFEND Mary‘s Choice AND ALL OF ITS PARENTS, SUBSIDIARIES, RELATED ENTITIES, PREDECESSORS, SUCCESSORS, EMPLOYEES, VOLUNTEERS, DIRECTORS, BOARD MEMBERS AND AGENTS OF ALL KINDS (“Mary’s Choice”) FROM ANY AND ALL LIABILITY, SUITS, CLAIMS AND ACTIONS OF ALL KINDS, HOWEVER, WHENEVER AND WHEREVER CAUSED IN ANY WAY RELATED TO MY RESIDENCY AND INVOLVEMENT WITH Mary’s Choice; KNOWN AND UNKNOW; NOW AND FOREVER.

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

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