



SOLVE Maternity Homes

Licensed Christian Maternity Homes

Office: 1509 8th Ave West Bradenton, Florida 34205 (941) 748-0094 FAX: (941) 748-1954
Homes in Bradenton, Sarasota & Englewood

Manasota SOLVE is a Christian, non-profit organization that has provided housing for the past 31 years to young women who are facing an unplanned pregnancy. Our maternity homes are licensed by the State of Florida through the Department of Children and Families. Although SOLVE is licensed by the State of Florida, we are not funded by the government. We are privately funded by individuals, agencies, and churches. We have two operating homes, one which houses women ages 17 and younger and the other, a home that was opened in the spring of March 2004, which houses women ages 18 and older. We are currently able to provide housing for up to 18 residents.

The SOLVE Maternity Program provides:

1. Cost-Free housing throughout the duration of pregnancy continuing for a pre-determined amount of time with infant post-birth
2. Case Management
3. Classes: Parenting, Nutrition, Child Birth Preparation, Sewing, Bible Study, Life Styles, Adoption as an Option Workshops, and Financial Planning.
4. Group and Individual Counseling
5. Transportation to Medical appointments
6. Mentoring and tutoring

The criteria for a prospective resident is:

- Pregnant, any age, and verification of need for housing**
- Minors must have parental or custodial consent**
- Admission must be voluntary**

Admission procedures include:

1. Informational tour of program and facilities
2. Apply to program (application packet)
3. Provide proof of pregnancy
4. Intake interview with Client Services Coordinator and House Manager
5. Drug screening
6. Admission decision made within 24 hours after Intake interview and move in date scheduled

**To arrange a tour and intake interview
contact Maria Houston at 941-748-0094.**

Please bring the following with you to your interview:

Proof of Pregnancy, Photo ID, Social Security Card, and your Birth Certificate

Limitations:

- *Our maternity homes are not able to accept pregnant women and their child(ren).
- *SOLVE homes are not temporary shelters. It is important to assess whether being admitted into SOLVE at 8 or 9 months of gestation would be beneficial since the maximum stay after delivery is 6 weeks for adults and 3 months for minors. There may be another program that could provide more long term care.
- *In addition to our maternity homes, we provide referrals to other agencies for material aid and we administer free pregnancy tests to community clients.

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1501 and 1509 8th Ave West Bradenton, Florida 34205 (941) 748-0094 FAX: (941) 748-1954

2205 Englewood Road Englewood, Florida 34223 (941) 475-7408

SOLVE HOUSE INTAKE APPLICATION

Full Name: _____ **Interview Date:** _____

Marital Status: Single ___ Engaged ___ Married ___ Divorced ___ Separated ___ Widowed ___

Address: _____ Phone Number: _____

City/State: _____ Zip Code _____

Place of Birth: _____ **Date of Birth** _____

Height: _____ Eyes: _____ Hair Color: _____ Your Race: _____

Social Security Number: _____ **Estimated Due Date:** _____

Church: _____ Active? **YES NO**

Pastor's Name: _____ Church Phone Number: _____

Last School Attended: _____ City: _____

Last Grade Completed: _____ Graduate/year? _____ Earn GED/year? _____

If you quit school, what year and why? _____

Currently employed? ___ Last or current employer? _____

How long were you (or have you been) employed? _____

Job Description: _____

Are you currently receiving **food stamps?** _____ **Medicaid?** _____ **WIC?** _____

Do you have a police record? YES _____ NO _____

If **YES**, describe offense/charges: _____

Past or Current Drug and/or Alcohol use? YES _____ NO _____ If YES, list drug(s) of choice: _____

Mental Health/Depression Hospitalization? YES _____ NO _____

If YES, explain _____

List medications you are/were prescribed for Mental Health/Depression: _____

Are you currently in therapy/counseling now? YES _____ NO _____

Name of counselor: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

Medical Insurer: _____

Number of pregnancies: ____ Number of abortions: ____ Number of adoptions: ____
Your Doctor's name or Clinic: _____
Address: _____
City: _____ State: _____ Zip: _____

Now that I am pregnant my plans include: parenting / adoption / undecided

Does the baby's father know about the baby? YES ____ NO ____

Is the baby's father supportive? YES ____ NO ____

Please explain: _____

Is he supporting you financially? ____ How much per month: _____

The baby's father name: _____

Race of baby's father: _____ His age: _____

Address: _____ City: _____ State: ____ Zip: _____

Occupation: _____

Do your parents know you are pregnant? Yes ____ No ____

Are your parents supportive? Yes ____ No ____

Your parents are they: Married ____ Separated ____ Divorced ____

Your mother's name: _____ Phone Number _____

Address: _____ City: _____ State: ____ Zip: _____

Occupation: _____

Your father's name: _____ Phone Number _____

Address: _____ City: _____ State: ____ Zip: _____

Occupation: _____

Step-Parent name: _____

Address: _____ City: _____ State: ____ Zip: _____

Occupation: _____

Number of brothers: ____ Ages: _____

Number of sisters: ____ Ages: _____

EMERGENCY CONTACT PERSON:

Name: _____ Relation: _____

Home Phone: (____) _____ Cell/Work/Alternate Phone: (____) _____

For office use only – do not write below this line

Is this client acceptable SOLVE HOUSE placement? YES ____ NO ____

House Manager: _____ Date: _____

Client/Administrative Services Coordinator: _____ Date: _____

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MEDICAL HISTORY FORM

MENSTRUAL HISTORY

Date of last menstrual period _____, 20____ Normal: yes/no
 Age Began: _____ Days in cycle: _____ Length of cycle: _____
 Flow: Spotting Light Moderate Heavy Pain? YES NO

Birth control: YES NO Type: _____
 Quit: YES NO If yes, why? _____

MEDICAL HISTORY: FAMILY AND SELF (Please check all that apply)

- TB
- Epilepsy
- Drug Allergy
- Anemia
- Multiple Births
- Other _____
- High Blood Pressure
- Thyroid Condition
- Hepatitis
- Cancer
- Hospitalization
- Heart Disease
- Psychological Problems
- Bleeding
- Kidney Disease
- Allergies
- Diabetes
- Substance Abuse
- Sickle Cell (Trait)
- Birth Defects
- Asthma

HISTORY OF PREGNANCIES: SELF

Prior Pregnancy Deliveries: Multiples _____ Miscarriages _____ Stillbirth _____ Abortions _____

Year	Sex	Where	Delivery	Weight	Problems?	Now (Location)

****PRESENT PREGNANCY:** Estimated Due date _____

- Nausea
- Vomiting
- Spotting
- Kidney
- Headaches
- Dizziness
- Blurred Vision
- Vaginal discharge
- Fatigue
- Swelling (hands & Feet)

Have you had ANY complications? **YES NO** If YES, Please explain: _____

List All Medications/Vitamins you are currently taking: _____

SOLVE Maternity Homes Applicant's Name: _____

Please write a brief statement about why you need housing:

What are your educational and/or vocational interests? _____

What are the ways that you believe SOLVE can help you?

What are some of the challenges that you would like to overcome while you are at SOLVE?

How do you plan on becoming prepared for your exit from SOLVE?

Some of your **basic responsibilities** as a resident of SOLVE include:

- | | | |
|------------------------------|----------------------|-----------------------------|
| Class/Bible Study attendance | Completing chores | Good Hygiene |
| Adhering to curfew | Preparing your meals | Work or School/Volunteering |
| Acquiring housing for exit | Managing a schedule | Respectful group living |
| Following all rules | Church attendance | Receiving direction |

Do you have any questions regarding any of these expectations or foresee any difficulties adjusting to these requirements? YES / NO

If YES, please explain:

All residents at the SOLVE house work with a Case Manager. What benefits do you expect to receive through case management? _____

This authorizes the counseling staff of Manasota SOLVE to provide consultation and referral services. I have been informed of the nature and purpose of this service, and that my consent can be revoked orally or in writing prior to, and/or during the consultation period. I have read and fully understand the above authorization for counseling /consultation. No guarantee or assurance has been made to me as to any of the results that may be obtained from these services. This is a release of any and all liability to Manasota SOLVE, Inc. Bradenton, FL 34205 and all of its counselors and staff from any decision or actions that I may or may not take as a result of the counseling I receive at this center.

Client Signature: _____ Date: _____

Signature of parent if client is under 18: _____

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SOLVE HOUSE RESIDENT RULES and PROCEDURES

We welcome you to the SOLVE House, a Christian maternity home. We hope that you have a pleasant experience during your stay. These guidelines will enable you to know what is expected. The House Manager has the authority to enforce these guidelines.

1. Each resident shall attend the Christian church service of her choice. If a resident is not attending church with the weekend staff, she must make plans to attend a Christian church with the knowledge that the house will be locked while the staff is at church.
2. When attending church, minors must be accompanied by family, staff or volunteers at church.
3. Physical or verbal abuse of any nature by residents or staff is forbidden. Violation may result in immediate dismissal.
4. Courtesy hours are 24 hours per day. Any resident requested to turn TV or radio volume down, or to speak more quietly (by anyone) is expected to comply immediately.
5. In keeping with the identity of SOLVE as a Christian Maternity Home, appropriate TV viewing will be determined by the House Manager. Viewing may not include daytime talk shows, court shows, soap operas, or shows that entertain sexually explicit themes, in addition to other subject matter that may be inappropriate as determined by the House Manager. If you wish to bring in a VHS/DVD to watch, you must get the approval from your house manager before watching it at SOLVE.
6. Music played in bedrooms must not promote sexually explicit themes or profane language. Music played in common areas (SOLVE automobiles and community areas) will include Christian music approved by the House Manager.
7. Residents are responsible for completing daily chore assignments, in addition to cleaning after themselves. Personal items that are not in use may not be left in community areas and may be confiscated for a pre-determined amount of time by the House manager if they are left in a common area.
8. Bedroom and bathrooms are to be kept clean and orderly at all times.
9. Cell phones are permitted at SOLVE. However, residents' cell phones may be confiscated at night and brought into the House Manager's apartment at 9:30pm if there is a disturbance resulting from its use.
10. Incoming and outgoing calls are permitted between 8:00am and 9:30pm on the resident house phone. Personal calls in and out must be limited to fifteen minutes per call. This is monitored by residents.
11. Curfew is strictly honored and is as follows:
 - A. Sunday through Thursday: Adults 9:00pm; Minors 9:00pm
 - B. Friday and Saturday: Adults 11:00pm; Minors 10:00pm
12. Use of Sign Out/In sheet is required when leaving SOLVE premises.
13. Overnights away from SOLVE are permitted on an individual basis, approved by the House Manager. Written request for an overnight must be submitted 24 hours in advance so that Weekend plans can be made for the house. Overnight visits must be with parents, legal Guardians or approved family members.
14. The negative effects of alcohol and drugs are discussed in prenatal and parenting classes. Returning home under the influence of alcohol or drugs, or possession of either alcohol or Drugs on SOLVE property is cause for immediate dismissal.
15. Random drug testing is expected in order to insure a safe and healthy living environment. Positive drug test results may be cause for immediate dismissal.

16. Smoking is considered abuse because of its harmful effects on unborn babies and is NOT permitted in the house. Residents are urged to discontinue smoking while they are at SOLVE. For those residents who find this extremely difficult, smoking will be permitted in Designated areas only. Smoking in the house may be cause for immediate dismissal.
17. Residents will leave their room as clean and neat as when they arrived with all SOLVE property in its original location upon exiting our program. No nails or tacks may be placed by residents in furniture or walls. Bedrooms have been arranged to comply with the Fire Code and shall not be rearranged.
18. Residents agree to participate in weekly in-house classes and Bible Study. In addition, residents' personal schedules will include at least one of the following:
 - A. Completion/Continuation of High School or GED
 - B. Vocational classes or College Courses
 - C. Occupation

***If one of these three requirements are not met within the first 10 days at SOLVE, the House Manager has the right to assign you volunteer work.**
19. Residents are expected to arrive on time for scheduled classes and activities.
20. Resident's Cell phones are not permitted during weekly classes or Bible Study.
21. The resident is responsible to schedule her own appointments, log them on the provided calendar and confirm them with the House Manager.
22. The SOLVE vehicle is to be used for SOLVE group activities, medical appointments, and exceptions made at the discretion of the House Manager. Eating, drinking, and smoking are prohibited in the vehicles at all times. The SOLVE vehicle is to be driven by staff only.
23. Visitors **must register with the House Manager** to prevent conflict with SOLVE activities which take priority.
24. Overnight visitors are not permitted on SOLVE property.
25. No male visitors are permitted on SOLVE property.
26. Visitors are permitted in living and dining room areas only. Visitors are not permitted during class times or after curfew. No cooking is to be done by residents' visitor.
27. Disputes/Disagreements are to be handled according to the Disputes and Disagreement Policies and Procedures. First: Discuss the problem(s) with each other. Second: Discuss the problem(s) with the House Manager. Third: The House Manager will request a conference with the Assistant Director.
28. Residents must have medical information forms filled out when requested.
29. Residents must allow current photo to be taken for confidential resident file.
30. Residents must provide medical history upon request.
31. No personal televisions, DVD players or video players allowed in SOLVE Houses.
32. Residents that miss or come home from school or work early will be considered on bed rest for the remainder of the day and night. Residents who do not attend "in house" classes due to being sick will be considered on bed rest. Total bed rest means confinement to the resident's bedroom.
33. Appropriate dress is required at all times. Night clothing or pajamas may be worn in the bedroom only.
34. Breast-feeding is encouraged and should be done in the privacy of your bedroom.
35. Infants must be changed on a changing table or on a waterproof diaper mat in bedrooms.
36. Residents are not permitted in the maternity home in which they do not reside. There will be scheduled events in which this will be permitted.
37. Food and beverages are allowed in kitchen, dining, and porch areas. In the event of "morning sickness," crackers and water will be permitted in the resident's bedroom.
38. Food and beverages are not permitted in the living room, bedrooms and SOLVE vehicles.

39. Dirty dishes are to be placed in the dishwasher, not stacked in the sink or left in any part of the house.
40. Food must be stored in proper storage containers per licensing requirements
41. Each resident will be assigned a "laundry day" for her things. Wash and dry full loads of laundry.
Laundry hours are between 8am and 10pm.
42. Pets are not permitted in the house. No stray animals are to be fed anywhere on the property.
- 43. For the protection of all residents, information may not be given out about any past or present resident. Take the name and number of the person inquiring.**
44. Visitors must enter and exit through front door.
45. All belongings are the personal responsibility of the owner. Neither SOLVE, the staff, or any volunteer is responsible for any valuables, including money.
46. Residents are urged to label all belongings. If exchange of belongings between residents takes place, there should be a written statement, dated and signed by both residents.
47. Items must be properly stored in bedroom closets and dressers. Items that cannot be properly stored in closet or dresser must be stored in designated Solve storage or in a place coordinated by the resident off the property.
48. For your protection shoes must be worn outside. NOEXCEPTIONS!
49. To comply with Fire Code: all exits must be kept clear of personal items; the burning of incense, candles, potpourri, oils, etc. is prohibited; and residents must participate in a monthly fire drill.
50. Tampering with AC units, fire alarms, and the security system will result in immediate dismissal. The resident will be responsible for any charges that result.

Please sign below to acknowledge that you have read, understand, and agree to follow these procedures.

Resident Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

House Manager Signature: _____ Date: _____

Client/Administrative Services Coordinator: _____ Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, give my consent for Manasota SOLVE Inc. (SOLVE) to contact and obtain information from **organizations, agencies, school systems, individuals, medical facilities, counseling and court records** concerning me for the purpose of assisting me.

Please supply this information to Manasota SOLVE, Inc. in writing.

This consent shall be valid for one year from the date below.

Executed on _____, in Bradenton, Florida.

Executed on _____, in Englewood, Florida.

I have read the preceding agreement and agree to the policies stated.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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AGREEMENT TO SEEK PRE-NATAL AND MEDICAL SERVICES

All Residents are required to seek and regularly attend Pre-Natal and necessary medical care visits upon acceptance into the program. You will be given Five (5) days upon your acceptance to schedule an initial doctor’s appointment. You will be required to confirm your doctor’s appointment with the House Manager and log them on the provided calendar.

If you are currently established as a patient in a Medical Facility and you would like to continue your Pre-natal care there, you will be required to provide proof of this established Medical relationship upon request.

Date of Admission: _____

I have read the preceding agreement and agree to the policies stated.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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SIGNATURE OF AGREEMENT OF HOUSE RULES AND POLICIES

I, _____, in requesting housing in **SOLVE MATERNITY HOME**, agree to honor all of the **rules and policies** of the House. This means that my own person requests will be secondary to the scheduled classes and group activities of SOLVE.

Date of Admission: _____

I have read the preceding agreement and agree to the policies stated.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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SOLVE HOUSE DISCIPLINARY POLICIES AND PROCEDURES

1. Each potential Solve House Resident will be provided the opportunity to read the House rules prior to admission.
2. Each potential SOLVE House resident must sign an agreement to abide by these rules without exception prior to admission.
3. Residents are to handle problems, **disputes and disagreements** in the following manner:
 - A. Discuss the problem(s) with the resident it pertains too. **DO NOT involve other residents.**
 - B. Discuss the problem(s) with the House Manager.
 - C. The House Manager will request a conference with the Assistant Director.
 - D. The Assistant Director and/or the House Manager will give a decision and this decision will be final.
4. If the Solve House rules are not adhered to by the resident, the **disciplinary procedures** will be as follows:
 - a. The House Manager will discuss the problem(s) with the resident.
 - b. The House Manager will decide upon the appropriate course of action, which may include any of the following:
 1. House restriction
 2. Extra chores
 3. Volunteer hours
 4. Points deducted
 5. Dismissal of the resident from the SOLVE program
 6. At the House Managers request, the resident will be required to appear before the Assistant Director and/or Individual Counselor. The Assistant Director will give an oral or written decision to the resident. This decision will be final.

These rules are subject to change during the course of your stay here as required by the Board of Directors.

Date of Admission: _____

I have read the preceding agreement and agree to the policies stated.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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HOUSING AGREEMENT

I, _____, am seeking housing at SOLVE House – 1509 8th Avenue West, Bradenton, Florida, 34205 OR 2205 Englewood Road, Englewood, Florida 34223 – and I have read and understand the House rules, policies and procedures that are conditions of my housing at SOLVE House, I agree to comply with all said rules, policies and procedures.

I certify that I am _____ years of age. _____

(Resident’s Signature)

I have provided copies of the following: Date Completed/Provided

- A. Birth Certificate _____
- B. Social Security Card _____
- C. Proof of Pregnancy _____
- D. Medical Information Sheet (Provided upon admission) _____

I agree to follow the goal and activity plan checked below:

- A. Completion/continuation of High School
- B. Completion of my GED
- C. Adult Continuing Education coursework in _____
- D. College coursework towards a degree in _____
- E. Paid employment to be arranged by myself.
- F. Other, as follows: _____
(Must be approved by House Manager)

***If not gainfully employed or attending classes within ten days of my scheduled move in date, it is agreed that I will accept volunteer work assigned by the house manager.**

****Due to Manatee County guidelines, all minors must either enroll in high school or sign up to take the GED (Parental consent required)**

I will submit to drug testing if three Manasota SOLVE, Inc. staff members or volunteers decide it is required for suspected drug use.

I hereby also agree to hold harmless and waive any rights or causes of action I may have against Manasota SOLVE, Inc., from financial acts or non-acts of the officers, volunteers, or employees, or services provided by Manasota SOLVE, Inc.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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DRUG TESTING POLICY AND PROCEDURE

In keeping with the identity of SOLVE as a Christian Maternity Home, returning home under the influence of drugs and/or alcohol may be cause for immediate disqual. **POSSESSION** of drugs or alcohol on SOLVE property is an unacceptable offense and will result in IMMEDIATE termination from SOLVE’s Program. **SOLVE reserves the right to give an applicant an initial drug and alcohol screening during your interview for our program.**

Random drug testing **IS EXPECTED** in order to insure a safe and healthy living environment.

Testing Procedure:

1. Drug testing will be random. If any staff should suspect you of using and/or abusing drugs, you may be required to perform a drug test.
2. When asked to perform a drug test, you will be discreetly escorted into the House Manager’s apartment where the test will take place.
3. If you do not have the urge to urinate at that moment, you will be given glasses of water and you will then wait with the House Manager in her apartment until you need to urinate. No matter how long it takes you to have the urge to urinate, you must remain in ***full site of the House Manager at all times!*** **NO EXCEPTIONS!**
4. Once the urge to urinate has arrived, you will be escorted to the House Manager’s bathroom.
5. You will urinate in the cup that is provided while the house manager stands outside of the door.
6. The House manager may or may not choose to keep the door partially open while the test takes place. The decision is ultimately up to her.
7. Once you have urinated into the cup, you will be asked to leave the apartment while the House Manager performs the test.
8. Once the results are clear, you will be asked to come back into the House Manager’s apartment where the results are confidentially read to you.

A **POSITIVE** test may result in immediate dismissal from SOLVE’s Program.

I _____ have thoroughly read and understand SOLVE Maternity Home’s Drug Testing Policies and Procedures. As part of my housing agreement, I fully agree to submit a random drug test when requested to do so.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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AUTHORIZATION FOR PUBLIC APPEARANCES

Periodically residents are asked if they would voluntarily participate in fund raising and public appearance opportunities. SOLVE Maternity Homes will only allow residents with written consent from their parents and/or guardian to take part in such appearances.

These opportunities are purely voluntary and the resident client has the ability to decline to participate or have pictures taken at these events.

I, _____, give my consent for
_____ to participate in fund raising public appearances to
benefit Manasota SOLVE, Inc.

This consent shall be valid for one year from the date below.

Executed on _____, in Bradenton, Florida.

Executed on _____, in Englewood, Florida.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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EMERGENCY MEDICAL TREATMENT FORM

I, _____ individually as the natural mother and guardian of the child (children) to be born of my current pregnancy, do hereby authorize the staff of Manasota SOLVE Inc. to act as my agent with full power to authorize any medical treatment, emergency or otherwise, laboratory work, surgery or hospitalization for me or my child (children) of this pregnancy.

SOLVE Maternity Homes Inc, however, is not responsible for payment of any bills.

This releases the hospital and asks that treatment be begin.

Executed on _____, in Bradenton, Florida.
(Date)

Executed on _____, in Englewood, Florida.
(Date)

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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TRANSPORTATION LIABILITY RELEASE

In consideration of being furnished with transportation by volunteers and/or staff members of Manasota SOLVE, Inc., I hereby release and absolve any driver, volunteer, or staff member and the officers, director or members of said corporation, including the corporation from any liability for injury or damages arising out of said incident from such transportation. I understand that such transportation is furnished without charge and that I cannot make a claim against Manasota SOLVE, Inc. or anyone associated with Manasota SOLVE, Inc. should I be injured while they are providing me with this transportation.

Date of Admission _____

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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Informed Consent & Release of Liability for Lay Counseling Clients

In consideration of the opportunity to participate as a client in the Lay Counseling Ministry of Manasota, SOLVE, Inc. (SOLVE), the undersigned hereby states and agrees as follows:

1. Through its Maternity and Postpartum Care Ministry, SOLVE offers the services of a lay counseling ministry to women who are a part of this ministry, who are in need of spiritual nurture, guidance, and assistance. This spiritual encouragement may come from employees or volunteers serving in a variety of roles at SOLVE, such as a Christian Lay Counselors, Client Care Coordinators, Client Services Manager, House Managers or support volunteers.

2. "Lay Counseling" is a ministry whereby non- professional (lay) ministers of God's grace and mercy seek to provide care to people who are seeking help. "Counselor," as the term is used herein, means a lay volunteer helping to care for the people of SOLVE and it's community, in the ministry of client services care. As the term is used herein and by the organization, "counselor" does not describe a professional service or refer to a surrogate mental health care provider; it describes the work of a lay minister.

3. Service in this ministry is for those who are resident clients of SOLVE.

4. I understand that there are only certain circumstances in which confidentiality may be broken:

- a. First, if an individual appears to intend to take harmful or criminal action against another person or against self, it is the Lay Counselor's **duty** to warn appropriate persons or agencies, such as a personal physician or law enforcement officials.
- b. Second, if there is any suspicion of recent or current child or elder abuse, there is a **legal duty** to report the abuse to appropriate social agencies.
- c. Finally, if there is ongoing behavior that is clearly damaging to another (Biblically immoral or unethical such as, but not limited to, adulterous behaviors, explosive actions or physical or verbal threats), confidentiality **may** be broken in order to resolve the situation. In these cases, the Lay Counselor will first share the situation with their supervisor without using names in order to determine if there is a moral or ethical responsibility to break confidentiality. In such cases, every effort will be made to assist the Client in resolving the issue in as gracious a way as possible.

Client. Initial _____

5. Lay Counseling Agreement

I _____ understand that I am not receiving what would be considered professional counseling from a lay counselor at SOLVE. That the purpose of these counseling sessions are to address issues that have hindered life progression in an effort to move beyond the issues that have brought me in need of SOLVE's housing and program services. I further understand and accept that the lay counselor(s) counseling sessions may be discussed in Resident Staffing sessions.

I understand that the counseling ministry services provided by SOLVE are not to be regarded as a substitute for medical or mental health services. Each client participating in the ministry assumes complete and sole responsibility to seek or maintain such care as needed; no such person is to assume that counseling sessions within this lay counseling ministry are a substitute for such care. I agree to assume the responsibility for seeking and/or maintaining such care for myself, and specifically agree that my participation in the lay counseling ministry, in any form, is determined by myself as the client. No one else is responsible for my participation. Further, I understand that any lay counseling I receive is for the purpose of extending the pastoral care services of the clergy through the lay ministers of the church.

I understand that neither the organization, the staff nor other lay ministers assume or take responsibility for any of my medical, mental, or emotional conditions, treatment or care, as such is beyond the scope of any service or ministry rendered through the counseling ministry services. If my mental or physical condition should change, I understand that it is my sole responsibility to consult immediately with my health care provider, physician, psychiatrist, or mental health professional.

I understand that my counseling records are to be kept confidential between myself, my lay counselor, administrative staff, and the directors, except where disclosure is required by the law (e.g. child or elder abuse), or unless I am a serious threat to myself or others.

I understand that in consideration of the benefits to be derived from the ministry of lay counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable SOLVE, and the employees or volunteers of this ministry from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the lay counseling process.

I understand that any records are property of SOLVE and are deemed client care records of confidential sessions between resident clients and SOLVE for the purpose of confidential communications in the ministry of client care. I waive the right I may otherwise have to seek to use any record of SOLVE as evidence in any judicial proceeding or to compel the testimony of anyone involved in providing counseling to me through SOLVE.

I understand that at any point an issue that I am working on with my Lay Counselor may move beyond what the Lay Counseling ministry of SOLVE was designed to deal with. Consequently, termination of my participation in the lay counseling process may be necessary so that I can seek appropriate help from pastoral or professional health care providers. I understand that the lay counselors are not obligated to make any referral to pastors or health care professionals, and that seeking such pastoral or professional care is my sole responsibility, and if they do, that such referrals may be considered by me as a suggestion or recommendation, not a requirement. I personally assume all risk associated with seeking the services of pastoral or health care professionals and hereby release SOLVE, its lay counselors, agents, and employees, from any claim, damage, or liability of any kind or nature that may arise by my participation in or because of this Lay Counseling ministry.

I understand that if any provision or part of this Informed Consent and Release of Liability agreement is found to be invalid or void as against public policy or by any court jurisdiction, the remainder of this agreement shall remain in full force and effect.

I have read the preceding agreement and agree to the policies stated.

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



1509 8th Avenue West, Bradenton, FL 34205
941-748-0094 Phone 941-748-1954 Fax

Acknowledgement and release of records to Manatee County and/or Sarasota County:

I acknowledge that Manasota SOLVE Inc. may acquire funding from Manatee and/or Sarasota County Governments which may be used to provide services to my child and/or me. In the event that funding is acquired, I also acknowledge that Manasota SOLVE’s records relating to this program/service may be public records under Chapter 119, Florida Statutes. I therefore release to Manatee and/or Sarasota County Governments such SOLVE records which may be required for purposes to monitoring and evaluating this program/service.

(Your signature is required below).

_____ Date of Admission

Resident Client: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

House Manager: _____ Date: _____

Client Services Manager: _____ Date: _____



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GRIEVANCE PROCEDURE:

Any resident living at the SOLVE Maternity Home is allowed to write a formal grievance without fear or retaliation. Please express in your own words the situation leading up to your complaint and any ideas to resolve your grievance.

Signed: _____ (Resident) Date: _____

Reviewed by: _____ (Client Services Manager)

Received by: _____ (Executive Director)

Resolution: _____
