

## **The Journey Project**

**Mailing:** 13504 Pacific HWY S, #4

Tukwila, WA 98168

(206) 271-5880 or (206) 856-3125

(206) 242-5003 – Fax

[transition@thejourneyproject.info](mailto:transition@thejourneyproject.info)

[www.thejourneyproject.info](http://www.thejourneyproject.info)



**Prospective Participant  
Application Package**

Dear Prospective Student.

Thank you for your interest in The Journey Project! It is a privilege to consider your application, and we hope that The Journey Project is a good match for what you are seeking for the next steps of transformation and transition in your life. **The Journey Project is not for everyone**, so please review this application in detail and be sure you are able to submit with confidence and in full agreement with all that will be asked of you.

The Journey Project is not just a “release address.” For those just needing an address to submit to get an approved release plan (as much as we do understand that need) The Journey Project is not available for that use. **We require full program participation and anyone who releases to The Journey Project but does not take part in the actual program services will be discharged and removed from our program** which would mean the loss of any housing we provided and a potential violation of your DOC release requirements.

We are not a church; However, we do hold a weekly house/spiritual meeting of which spirituality may be of discussion and all are required to attend. We will not be engaging in debates of dogma, doctrine, or denomination. It is not our place to define your spiritual walk, but to encourage you to mature into your understanding and walking it out.

The Journey Project is also not for those who have become suddenly religious just to get released, or for those who have become mired down in religious ritual or dogma instead of focused on real life change.

The Journey Project provides the opportunity for those desiring to create a new future, who want to turn a positive system of beliefs into positive ways of action, and who want to live out a renewed life. We will support you, encourage you, provide you with tools for inner personal change, and give you places to put those tools to work. You will plan the work of transformation and work that plan in ongoing transition. We will hold you accountable and even more importantly we will help you learn how to hold yourself accountable. All this so your success continues long after you complete The Journey Project’s program.

If this sounds like what you are looking for, please complete the attached package, in full, and submit your application in a timely manner. Be aware that space is limited so those **applications showing the most serious levels of commitment will be considered as a priority.**

Again, our thanks for your interest in The Journey Project. We hope to meet you soon!

Jeremy Magargle  
Director

Ed Fish  
Director

Joshua Bryant  
Director

# **Welcome to The Journey Project**

## **Transformation for your life. Transition for your future.**

### **What is The Journey Project All About?**

The Journey Project is a spiritual based, educational, human service program. The Journey Project provides tools, support, and resources for positive change through practical life skills, housing, vocational training services, and assistance in successful pro-social integration.

The Journey Project helps participants first transform their lives and then transition into the greater community by taking personal responsibility toward a positive, productive, and purpose-filled future.

### **The Goal**

The goal is to help individuals find their own life goals and vision then set up a plan to achieve them while creating a pro-social place in the community.

### **Our Philosophy**

Every individual is responsible for one's own life, that ultimately only everyone can change their own circumstances, behaviors, thinking, and future. That everyone is an individual and should be treated as such and each individual is a whole person... mind, spirit, and body.

### **What Exactly Does All That Mean**

**Transformation and Transition:** At the core of The Journey Project's approach is the method of making long-term goals and shorter-term goals and to reach those goals. Changes can be realized by the outcomes of what our choices produce in our lives and by understanding how various choices affect benefits or risks. Small but steady steps, over time, create success that opens new possibilities for even greater progress, sequentially, creating a life that is consistent with one's goals.

In a practice of constantly taking stock of where we are, and where we need to go next, students know what they need to do, every day, to keep moving forward toward life goals. Goals are not only set but realized. This sets Journey Project apart from other programs that merely tell students to make progress. The Journey Project helps one define their progress, breaking it down into a specific plan that says what you are doing, why you are doing it, and how you can get it done. The Journey Project measures your progress in terms of life outcomes – not what you say you are doing, or what you say you would like to do, but rather by what you are doing and by what you have accomplished.

A self-motivated program raises the bar with respect to expectation from our students. We do expect that you set and achieve specific life goals, but we are here step by step to help you access the knowledge, the tools, and the resources to obtain the achievement you have set for yourself.

## **SPIRITUAL CREED**

The Journey Project asserts that a positive sense of personal spirituality is an important tool to develop and engage in the greater good within ourselves. We believe in finding and following a moral compass that promotes self-love and love of others. We believe that finding your own place in the spiritual community creates positive pro-social friendships and community. We support and encourage positive spiritual paths that create good decision making leading to good choices that blesses one's own endeavors, blesses one's loved ones, and blesses the greater community.

**Student Housing Program:** The Journey Project provides fully furnished shared housing units for all male Students/Participants. Usually there are two occupants per unit at Pacific Village or two per bedroom, at Massey Creek. Each unit at Pacific Village has its own kitchen and bathroom facilities. Laundry services are available on site. Massey Creek is a large residence in a green belt with a creek running through the property. It is more the family type setting with a welcoming environment. The Journey Project housing is a friendly and pleasant community where you can focus on moving your life forward and need not be concerned about any "stigma" attached to a criminal conviction (If applicable). We do not deny anyone because of their criminal history. We are drug/alcohol free and harassment free. We provide the benefit of establishing a residential history.

**We cannot over express... if you have any difficulty with anyone's past this is not the place for you.**

**Life Skills Training (required):** At The Journey Project all students will participate in Life Skills Training which provides a broad and essential range of tools and techniques to cope with whatever life throws your way.

**This Includes Case Management Sessions:** Each participant will be required to meet with the Program Manager or Case Manager once a week to discuss goals and weekly assignments. This will be a good time to bring up anything pertaining to the program.

**Vocational Skills Program:** Everyone is required to participate in the Vocational Skills Program for the first thirty days. This consists of Work Skills Training in one of our businesses and/or on property repairs or maintenance.

**Vocational Skill Training:** Vocational Skill Training provides work readiness training for the eventual transition into the non-program work force. Also available is job placement assistance through a network of partnered companies, organizations and/or schools. During this time, you will also be guided in developing a plan for obtaining a career rather than just working a job.

**Work Skills Training:** For those not yet employed The Journey Project provides, on a case-by-case basis, Work Skills Training in a variety of fields. If you enroll into the Work Skills Program you will receive a \$4.00 per hour housing stipend for the hours assigned, which will be applied towards your program fees and helps establish the financial needs for building a life in the community.

**Supervision Compliance Plan (if applicable):** An essential priority is meeting the requirements of your J&S, Community Placement, Probation, or Parole and to help ensure that you avoid any post-release violations. We will review your requirements with you, help you establish a compliance plan, and assist you in accessing any resources needed (classes, therapy, etc.)

**Remember... you are untimely responsible for adhering to your requirements.**

**Case Management:** Every student is unique and therefore each student receives individualized confidential case management comprised of one-on-one sessions with an assigned Case Manager and/or case team meetings. You will ascertain your needs, create a transition plan, make life goals, and continuously review your ongoing progress. You are responsible for creating goals and making sure that your experience with The Journey Project provides you with what you need to succeed. Everyone is treated as an individual according to one's needs. Not everyone will be doing the same thing or treated in the same way.

**Financial Accountability Management:** Detailed financial accountability is required throughout your term of enrollment. Financial control reverts to students increasingly on a case-by-case basis. Financial management skills are evaluated by an ongoing comprehensive review of how and where funds are acquired and disbursed. Mastery of skills throughout the duration of The Journey Project program include building financial capital, ensuring that fees are paid, and that funds are set aside for necessary attainments (Transportation, communications, household needs, clothes, entertainment, etc.) and building a respectable credit rating.

## **Understanding Your Expectations**

**What Journey Project Expects of Students:** The Journey Project is not a "free ride." Students do pay for program services and progress is expected to maintain enrollment. You must be honest with yourself before enrolling. If you have no real desire to do more than just talk about change then The Journey Project is not for you. Do not waste your time or that of The Journey Project

The Journey Project transition program is a three-phase program. Each phase has predetermined goals which must be accomplished to advance to the next phase. Also, each phase has requirements for maintaining the phase level and/or avoiding being dropped to a lower phase. Privileges increase with each level achieved. New participants start at phase one.

To reduce reentry anxieties and sensory overload; and to provide support, each new participant will be limited to essential travel only and be provided chaperoned transportation for all essential trips for the first thirty days. During that time, we will be assisting you in getting connected with essential services, and assuring you get off to a good start. We will also be assisting you with preparing to start job searching and securing employment.

The Journey Project is an outcomes-based program and therefore it is not possible to just “go through the motions.” Your progress will be regularly assessed. We expect students to have evidence of a personal desire for life change by demonstrating an ongoing commitment to maintaining a positive pro-social lifestyle and achievement of one’s goals. We also expect honest participation in our supportive and ongoing assessment process. You are responsible for your own transition.

**What Students Can Expect from The Journey Project:** Just as we expect you to commit to the change process, you can expect that The Journey Project will be there to help. Students should expect support, encouragement, practical and realistic help, useful instruction, referral and access to available services, individualized case management, acceptance, and interaction in a friendly and warm program community, help to maintain post-release compliance requirements, and assistance in ultimately transitioning to the greater public community.

## **Additional Journey Project Services**

**Community Dinner:** All students are required to attend the monthly Community Dinner. This is a time to enjoy good food, good company, positive socialization with program supporters and others from the community. As well as talking about topics of interest both inside and outside of The Journey Project program.

**Events:** Periodic group events are made available, whether a BBQ, trip to the movies, or visiting to a local attraction or venue, to build positive socialization experiences and help encourage the process of community integration.

**Volunteer:** Participants are occasionally asked to do various tasks. To build work skills, work ethics, and community responsibility, each participant must complete sixteen hours a month of volunteer work toward the beautification and maintenance of the Journey Project properties. **Failure to participate in volunteer work may result in fines and/or termination from the program.**

**Leadership Opportunities:** Leadership opportunities are open to those who want to become part of the eventual operation of The Journey Project program.

## Program Service Fee

Students/Participants are required to pay a program fee for housing and services.

The fee schedule is as follows, which covers housing and programming. Those qualifying for the DOC Voucher will pay \$700.00 as per voucher. When the voucher ends the Program Fee is our normal amount which is located below in the table. The only additional expense is food and the electric bill which is split between those living in that apartment. The average electric bill is about \$30.00 per person for each billing. You are responsible for obtaining your own food. Food stamp and food bank help is available.

DOC Voucher			\$700.00
Non-Voucher	Double Occupancy		\$765.00
Single Occupancy	1 Bedroom	[Non LRA]	\$1,731.00
Single Occupancy	Studio	[Non LRA]	\$1,731.00
Single Occupancy		[ALL LRA]	\$2,100.00

### **DO NOT EVER ANTICIPATE A SINGLE OCCUPANCY 1 BEDROOM BEING AVAILABLE**

All LRA's program fees are \$1.00 per month. When LRA is completed, the program fee will become in line according to the Non LRA program fees. If for any reason an LRA is in a 1 or 2-bedroom occupancy, the occupant will receive a roommate.

# ATTENTION!!!

**Please keep the preceding for your own reference!**

**Be sure to copy our address and contact information for your own records if you wish to contact us. Complete the following and send it to us. You may have your counselor scan and email or fax it to us for speedier processing.**

**Email completed application to:**  
***transition@thejourneyproject.info***



## Individual's Application Info Sheet

For your application to be given serious consideration be sure that you fill out this form thoroughly and complete all attachments. Be as detailed and as comprehensive as possible in your answers. Remember, this is your introduction of yourself to The Journey Project staff. If your answers are incomplete, lacking in substance, or not forthright it is likely your application will not be considered for approval.

Submission of an application does not indicate acceptance into The Journey Project program. A letter of Acceptance is the only documentation that serves as your enrollment. The Journey Project reserves the right to deny any application.

Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

RSO Level (If Applicable) \_\_\_\_\_ End Date of Supervision: \_\_\_\_\_

Sentence Length: \_\_\_\_\_ Release Date: \_\_\_\_\_ ERD: \_\_\_\_\_

Counselor: \_\_\_\_\_ Unit: \_\_\_\_\_ Sex: \_\_\_\_\_ US Veteran \_\_\_\_\_

Heritage/Nationality: \_\_\_\_\_

**If applicable, do you plan to seek the use of a DOC Housing Voucher?** Yes No Not Sure

**If not using Voucher, Community Sponsor Name:**

Address:

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

### Emergency and Community Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Current Institution, mailing address, including housing assignment:**

- A. present conviction(s) is/are for the following charge(s):
  
  
  
  
  
  
  
  
  
  
- B. Brief overview of the facts of your case (include age and gender of victims, amounts of property damage, if relevant, and any other case information helpful in the understanding of your case):
  
  
  
  
  
  
  
  
  
  
- C. Please describe what you have done to ensure that you will no longer commit crimes (programming, etc.):
  
  
  
  
  
  
  
  
  
  
- D. Please detail any specific restrictions, stipulations, or conditions you have, for your release or post-release supervision (ask your counselor or review your J&S if unsure):
  
  
  
  
  
  
  
  
  
  
- E. Tell us about your time served, and what programming you have done; work, education or required programs:
  
  
  
  
  
  
  
  
  
  
- F. Please briefly outline prior legal history (convictions, misdemeanors, terms of jail or prison, etc.):
  
  
  
  
  
  
  
  
  
  
- G. Brief employment history (prior and during incarceration – general dates are acceptable):

H. Tell us about any infraction history you have had, during your incarceration, and explain the circumstances, particularly Major Infractions and anything resulting in Administrative Segregation:

I. What do you feel are the main keys, for you, to avoid a new criminal conviction after release?

J. Describe what practical resources you have established, in preparation for your release:

# **Journey Project Program Application**

1. Do you have any medical concerns, health problems, or limitations?
2. What are your current medications?
3. Highest level of education achieved and main course of study:
3. Specific certifications/skills/experience/achievements:
4. What is the status of your State Driver's License? (Please state if it is expired, need to renew, need to re-test, suspended, etc.):
5. What financial support or resources do you have? How will you pay your program fees?
6. Describe any history you have had with substance use or abuse (alcohol, smoking, prescription or nonprescription drugs):
7. Please detail any drug treatment you may have had, where you receive this treatment:
8. Describe any history you have had with mental health and/or any mental health medications you take:

9. Please detail any mental health treatment you may have had and where you receive this treatment:
10. Tell us about any other self-help programs or activities you have undertaken; what skills or insights did these programs give you:
11. Describe your sense of “readiness” in terms of your strategy and thinking in how to avoid a negative way of living, and your strategy and thinking:
12. How will you live a positive and pro-social life
13. Describe what practical resources you have established, community support, housing options, employment possibilities, etc.:

14. Please indicate why you would be willing, and wanting, to be involved in a The Journey Project's program:
15. Please describe your spiritual self; How would you categorize yourself; describe your own spiritual journey: including exposure to or involvement in religion from your childhood throughout your life and where you are, spiritually, today
16. Give a brief "biography" of your life; paying special attention to describe what you feel most influenced the major life events or life choices leading up to present day:
17. What is your current support system for maintaining positive change? How are you utilizing that system of support to make positive choices on a daily basis?

18. Give a brief overview of goals you have charted for yourself, which you want to achieve:

19. What sense of “reward” do you seek, in your life, to motivate you toward positive change:

**THIS IS NOT A LEASE OR RENTAL AGREEMENT**  
**DUE TO THE NATURE OF HOUSING AT THIS FACILITY, LANDLORD-TENANT LAWS DO NOT APPLY This**  
**Occupancy provides a shared living free from drugs and alcohol.**

Property Address: PACIFIC VILLAGE  
13504 PACIFIC HWY S, #4  
TUKWILA, WA 98168

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

Student/participant Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Student/Participant C.C.O./PO Printed Name: \_\_\_\_\_ Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Program Fee** of \$ \_\_\_\_\_ monthly will be paid in advance of each month.

- a.) Program Fee is due by the (3<sup>rd</sup>) unless other previous arrangements have been made. The Term of Occupancy runs from month to month. There is a \$10.00 per day late fee. Failure to pay or make arrangements to pay prior to 15 days delinquent may result in termination.
- b.) A written 30-day notice of intent to vacate/self-terminate is required. Failure to give 30-day notice, failure to leave everything neat and clean or failure to return keys, will result in NO financial refund IF applicable.
- c.) All checks, money orders, cashier checks are to be made out to: **THE JOURNEY PROJECT**

**Program Terms of Agreement: (Please initial each after reading & understanding)**

- 1. \_\_\_\_\_ Due to the nature of housing at this facility landlord-tenant laws do not apply.
- 2. \_\_\_\_\_ I agree that a submitted application does not guarantee my enrollment, and that enrollment may be denied at any time, even after a Letter of Acceptance is sent if The Journey Project deems it necessary to do so.
- 3. \_\_\_\_\_ Your attendance at all scheduled meetings is required. Failure to do so without making prior arrangements may result in Immediate Termination.
- 4. \_\_\_\_\_ Each room/apartment is fitted with a lock. Each student/participant is responsible for their own security.
- 5. \_\_\_\_\_ Each student/participant has the responsibility for maintaining daily cleanliness and order, both in the assigned room and in shared areas. This is to include the outside entrance, picking up of litter, cigarette, etc.
- 6. \_\_\_\_\_ There are NO pets allowed without prior written permission from property manager.
- 7. \_\_\_\_\_ Curfew is 10pm to 6am. If exception is needed, prior arrangements, in writing, must be made with leadership. NO-SHOW NO-CALL may result in immediate termination.
- 8. \_\_\_\_\_ All students/participants must sign in and out on the log provided.
- 9. \_\_\_\_\_ There are to be NO guest in living area without prior permission from leadership. The patio area is a permissible area for visiting. Arrangements may be made to use for private dinner, BBQ, etc. Visitation will end at 9:00pm unless prior arrangements have been made.



10. \_\_\_\_ I understand that there is no maximum time before one transitions out of the program but I understand that I am making a minimum of a six-month commitment before transitioning out of the program
11. \_\_\_\_ I understand that it is my responsibility to pay the monthly program fee if residing within The Journey Project housing, plus the cost of electricity which is in accordance with the electricity provider.
12. \_\_\_\_ I understand that it is my responsibility to assure that my monthly program fees are paid by the 3rd of each month, and that there may be a late fee if I fail to pay by the due date without making prior arrangements.
13. \_\_\_\_ I agree to provide The Journey Project staff with complete financial transaction history concerning my personal finances, in order to receive assistance in budgeting my money and attaining financial solvency. I understand further that failure to disclose my financial information is grounds for Immediate Termination.
14. \_\_\_\_ I understand that services provided (housing, and placement in Work Skills) are contractual in nature, and that, should my enrollment be terminated, such services will terminate.
15. \_\_\_\_ I agree to the stipulation that progress in The Journey Project program is based on behavioral outcomes and, therefore I understand that failure to maintain positive and pro-social behavioral conduct is grounds for Immediate Termination.
16. \_\_\_\_ I understand and agree that any violation of The Journey Project policies, community supervision, parole, probation, community corrections, or other legal or court stipulated condition is grounds for Immediate Termination.
17. \_\_\_\_ I understand that The Journey Project is a spiritual based program, and that, therefore, there may be exposure to “religious” as well as “secular” teachings and experiences within The Journey Project program structure.
18. \_\_\_\_ I understand that the “spiritual” model used in The Journey Project is best described as “Christian” in nature, but that I am not required to adopt any particular religion, creed, theology or denomination.
19. \_\_\_\_ I understand that failure to maintain successful attendance and participation in all required programming, to include the Life Skills and Educational training programs, including failure to complete assignments, is grounds for Immediate Termination.
20. \_\_\_\_ I understand that, if I am an occupant of Housing provided by The Journey Project, I must receive prior approval and clearance for any off-site activities in which I want to engage, and that I must sign out upon leaving and in upon my return. If I live off-site, I must be forthright in disclosing the specific type and nature of activities in which I engage.
21. \_\_\_\_ I understand that I may be asked, and expected, to participate in community service activities, which includes volunteer work and work that needs doing on The Journey Project properties such as maintenance or beautification in-order to maintain a safe, livable, clean environment. I understand that I will be required to do a minimum of 16 hours of volunteer work per month for The Journey Project. As well, I am aware that I will be programming the

first 30 days in Landscaping or Property Maintenance. Any ongoing or persistent failure to complete those tasks is grounds for Immediate Termination

22. \_\_\_\_\_ I agree to disclose any relationship I have developed with a significant other, presently, and, if no such relationships exist, I agree not to pursue such a relationship without the express approval of The Journey Project Staff.
23. \_\_\_\_\_ I understand that any threatening behavior toward anyone in, or affiliated with, The Journey Project program (including Staff, fellow participants, and The Journey Project program affiliates) is cause for Immediate Termination.
24. \_\_\_\_\_ I understand that engaging in any illegal activity is grounds for Immediate Termination.
25. \_\_\_\_\_ I understand that any deceptive or dishonest behavior, including lying to The Journey Project staff, theft within or associated properties, or failure to disclose requested information is grounds for Immediate Termination.
- i \_\_\_\_\_ I agree that I shall not use or possess alcohol, or drugs of any kind. I understand that either the possession or use of drugs, to include marijuana,
  - ii testing positive for any drug including marijuana,
  - iii associating with or being in the presence of people who are using such on any property of or associated with The Journey Project,
  - iv or failure to report to leadership if I suspect my roommate or anyone else is using or possessing drugs

**is grounds for immediate termination.**

26. \_\_\_\_\_ I agree that any prescribed medication shall be disclosed to The Journey Project staff and shall not be shared under any circumstances. Sharing and/or selling of such is grounds for Immediate Termination.
27. \_\_\_\_\_ I agree to disclose any prior drug or alcohol history, in an honest and forthright manner, and to submit to a chemical dependency evaluation, if such is deemed to be necessary.
28. \_\_\_\_\_ I agree to follow the treatment recommendations of any chemical dependency evaluation, and I agree that failure to complete a treatment recommendation is grounds for Immediate Termination.
29. \_\_\_\_\_ I agree to submit to random urinalysis, breathalyzer testing or drug test at the discretion of The Journey Project staff.
30. \_\_\_\_\_ I understand and agree that enrollment in the Housing Program requires me to keep my living unit in a clean, orderly, and working condition, and I agree to immediately report any broken or damaged item or fixture, and I shall conduct myself as such that I am not a nuisance to roommates or anyone else within the complex. I understand that violation is grounds for Immediate Termination.

\_\_\_\_\_ I authorize The Journey Project staff to communicate fully, concerning my case, with any prerelease or post-release (i.e., Community Corrections Officer) supervision authority, as well as with any treatment provider for any treatment program in which I am enrolled.

31. \_\_\_\_\_ I agree not to possess obscene or pornographic material or literature of any kind, nor to view, or seek to view such through online, internet access, or any other means and understand such is grounds for Immediate Termination.
32. \_\_\_\_\_ I agree to be diligent and responsible in maintaining adherence to, and making positive progress toward, the maintenance and completion of any required stipulations, programming, conditions or requirements per my Judgment and Sentence, per community supervision or per such as established by the Department of Corrections, Court authority, or such as has been established and agreed to in my Case Management Plan with The Journey Project staff.
33. \_\_\_\_\_ I understand that any State or government aid that I receive, such as Food Stamps, Vouchers, or payments of any kind shall be reported to The Journey Project staff and shall only be disbursed in an authorized and approved manner.
34. \_\_\_\_\_ I understand that the term "TERMINATION" means that I must leave the property of, or any property associated with The Journey Project immediately upon request. I will have 24 hours to make arrangements to have my property removed, or it may be disposed of. This includes the housing units of which I or anyone else may occupy.
35. \_\_\_\_\_ The living areas may be entered for inspection at any time. Entrance will be provided at any time to Journey Project staff, to law enforcement agencies, to include D.O.C. and/or parole officers.
36. \_\_\_\_\_ There is to be NO one under the age of 18 on the property at any time. Having guest under the age of 18 years old may result in immediate termination. It is your responsibility to report to leadership immediately if you observe a questionable situation. Failure to report may result in immediate termination.
37. \_\_\_\_\_ I understand that the enrollment in, and successful completion of the Life Skills program is a requirement unless waived by leadership.
38. \_\_\_\_\_ I understand that I will be establishing career goals, and if not having the career skills, I will be required to enroll in the South Seattle Community College "LIFE SKILLS TO WORK" program or such other acceptable education program to gain the career skills to fulfill my career goals. I understand that as part of gaining work skills, I may be required to participate in The Journey Project Work Skills training placement within New Beginning Garden and Lawn Care or around the Journey Project Properties for a housing stipend of \$4.00 an hour. Failure to show due diligence may result in Immediate Termination. **(Those participating in The Journey Project placement within New Beginning Garden and Lawn Care or such other assignment receive a housing stipend which is applied towards their monthly program fee.)** If I am disabled or of retirement age, and have not done so already, I will be establishing financial stability, i.e., SSI, Social Security, Employment Pension, Veterans Disability, or such other. I understand that if I am physically able, I may be required to participate in The Journey Project Work Skills Training Placement.
40. \_\_\_\_\_ I agree to the stipulation that progress in The Journey Project Program is based on behavioral outcomes and, therefore I understand that failure to maintain positive pro-social behavior and participation is conduct for grounds of Immediate Termination.
41. \_\_\_\_\_ As part of completing financial goals, I understand that I must open a savings account of which will not be drawn from until a minimum balance of \$3,000.00 is maintained. A minimum of \$3,000.00 must be maintained as long as I am in the program. I understand that I must disclose my finances to the appointed leader until such time as waived.

42. \_\_\_\_\_ I have disclosed any prior drug or alcohol history and agree that if I relapse that I will disclose to staff. I further agree to submit to a chemical dependency evaluation if such is deemed to be necessary by staff and the cost will be my responsibility. The evaluation will be done at Sunrise Centers, located at 12650 1<sup>st</sup> Ave S, Seattle, WA 98168.
43. \_\_\_\_\_ I understand that if I am terminated or self-terminate without giving proper notice of 30 days there will be NO financial refunds of any kind.
44. \_\_\_\_\_ I agree and understand that if I am terminated for any reason, I will be escorted by either leadership, property manager, property owner, or such other appointed by said above. There you will pack your belongings, turn in your keys, and be escorted from the property. Any items that you are unable to immediately take may be stored for later pickup. These items will be stored no more than two weeks unless special arrangements have been made.
45. \_\_\_\_\_ In place of immediate termination Journey Program leadership may choose to implement less severe remedial actions such as fines, loss of phase level, privilege and/or current housing.

**I hereby state** that I have read, understand, and initialed each term of agreement above. I further understand that my occupancy is solely dependent on me being enrolled in good standing within The Journey Project transition program. If I am terminated for any violation of this agreement, I must leave the property immediately, or at such other time as agreed with leadership. I understand that if I self-terminate, I will leave property on submitted date, or by such other date as agreed upon with leadership.

Student/Participant Printed Name: \_\_\_\_\_

Student/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Drug/Alcohol Testing Consent**

Please read, sign, and date this form. Your signature attests to your understanding and given consent.

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

#### **BENEFICIARY'S CONSENT FOR TESTING OF ALCOHOL AND/OR DRUG USE**

I, \_\_\_\_\_, do hereby consent to submit to urinalysis and/or Breathalyzer tests solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while enrolled in any program and/or while residing on any properties and/or while involved in any work training program used by and/or owned and/or operated by The Journey Project.

I understand that the results of these tests will be reviewed and evaluated by staff. In the event that the results positively indicate that I am under the influence of alcohol or illegal drugs or that the sample was altered, I further understand that The Journey Project may, at its sole discretion, terminate me from the Program and from any and all services provided to me thereby. Finally, I understand that failure to submit to the above-described testing upon request of The Journey Project staff may also result in termination from the Program and termination from any and all services provided to me thereby.

I, the undersigned, have read this Beneficiary's Consent for Testing of Alcohol and/or Drug use and understand its meaning.

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **CRIME FREE/DRUG FREE**

As part of the consideration of the execution of a student/participant occupancy, the student/participant occupant agrees as follows:

- 1.) Neither occupant, nor any guest nor other person under the occupant's control shall engage in criminal activity, including drug-related criminal activity, on or near the said premises. Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. Section 80211)).
- 2.) Neither occupant, nor a guest nor other person under the occupant's control shall engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.
- 3.) Neither occupant, nor a guest nor another person under the occupant's control shall permit the dwelling unit to be used for, nor facilitate criminal activity, including drug related activity.
- 4.) Neither occupant, nor a guest nor another person under the occupant's control shall engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance as defined in 69.41, 69.50 or 69.52 RCQ, at any locations, whether on or near the dwelling unit premises or otherwise.
- 5.) Neither occupant, nor a guest nor another a person under the occupant's control shall engage in any illegal act, activity, including prostitution as defined in RCW 9A.88, criminal gang activity as defined in 9A.84 RCW, threatening or intimidating as prohibited in RCW 9A.36.041, assault as prohibited in RCW 9A.36.041 including but not limited to the unlawful discharge of firearms, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other rental resident or involving imminent serious property damage, as defined in 9A.48.070-100 RCW.
- 6.) VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF YOUR OCCUPANCY AND STUDENT ENROLLMENT, AND GOOD CAUSE FOR IMMEDIATE TERMINATION. A single violation of any provisions shall be deemed a serious violation and a material and irreparable noncompliance. It is understood that a single violation shall be good cause for immediate termination of occupancy and student enrollment. There is no good cause" explanation.

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT/PARTICIPANT OCCUPANT AGREEMENT CONTRACT**

**DUE TO THE NATURE OF HOUSING AT THIS FACILITY, LANDLORD-TENANT LAWS DO NOT APPLY**

STUDENT/PARTICIPANT PRINTED NAME: \_\_\_\_\_

STUDENT/PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***IF ANYTHING IN THESE RULES ARE UNCLEAR, PLEASE GET CLARIFICATION BEFORE SIGNING.***

STUDENT/PARTIPANT CELL PHONE:

STUDENT/PARTICAPANT C.C.O. PRINTED NAME:

STUDENT/PARTICAPANT C.C.O. OFFICE NUMBER:

STUDENT/PARTICAPANT C.C.O. CELL PHONE NUMBER:





**CHEMICAL DEPENDENCY/MENTAL HEALTH/  
CRIMINAL JUSTICE SYSTEM MULTI-PARTY  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**Consent for the Release of Confidential Information about Mental Health and Alcohol or Drug Treatment**

I, \_\_\_\_\_ authorize (1) The Department of Corrections

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

and

(2) the following Mental Health Treatment Provider:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

(3) the following Alcohol or Drug Treatment Provider:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

(4) the following Designated Chemical Dependency Specialist (DCDS):

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

(5) the following other provider of information necessary for cross-systems communication:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

To communicate with and disclose to one another the following information (The client must initial each type of information authorized):

**(1) Department of Corrections**

- ☐ Pre-Sentence Investigation
- ☒ Judgment and Sentence
- ☒ Criminal History
- ☒ Risk Assessment
- ☒ Compliance with Supervision
- ☒ Conditions of Supervision
- ☐ Mental Health Assessments
- ☒ Violations of Terms of a Court Ordered Treatment

**(2) Mental Health Treatment**

- ☐ MH Treatment Discharge Summaries
- ☐ MH Treatment History and Progress Reports
- ☐ Involuntary Treatment History/Records (RCW 71.05)
- ☐ MH Intake and Treatment Plans
- ☐ Psychological Evaluations
- ☐ Psychiatric Evaluations
- ☐ Forensic Discharge Review (State Hospital)
- ☐ MH Treatment Discharge Summaries

**(3) Chemical Dependency/Substance Abuse Treatment**

- ☐ Chemical Dependency Assessments and Treatment Plans
- ☐ CD Treatment History and Progress Reports
- ☐ CD Treatment Discharge Summaries
- ☒ CD Treatment Continuing Care Plan
- ☒ Treatment Compliance Reports (Requested by DOC)
- ☐ Request to Designated Chemical Dependency Specialist (DCDS) for an Assessment
- ☐ Chemical Dependency Assessments and Treatment Plans
- ☐ Involuntary Treatment History/Records (RCW 70.96 A)

**(4) Designated Chemical Dependency Specialist (DCDS)**

- ☒ Violations of a Treatment Order or Condition of Supervision that relates to Public Safety
- ☐ Information about a Petition for Involuntary Commitment

(5) Other: Specify other information as necessary for cross-systems collaboration:

☐ \_\_\_\_\_

The purpose of the disclosures authorized in this consent is:

(1) To improve public safety by allowing communication and multidisciplinary case management and release planning.

(2) To enable treatment providers to communicate continuing care plan referrals to the above agencies

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164. I understand that this authorization shall remain in effect for the duration of my DOC supervision unless revoked prior to that time. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- ☐ There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated to treatment, or

☐

(Specify other time when consent can be revoked and/or expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Signature of Offender/Client: \_\_\_\_\_

Initials: \_\_\_\_\_

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

DOC Number: \_\_\_\_\_

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

Co-signature of Parent/Guardian if Offender/Client is under the age of 18

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Distribution: ORIGINAL-Offender (Optional) COPY-Imaging System  
DOC 14-029 (Rev. 11/18/13) DOC 310.100, DOC 320.010, DOC 320.400, DOC 390.580, DOC 390.585, DOC 580.000, DOC 630.590, DOC 640.050  
Scan Code SD14





PATIENT I.D. DATA  
(name, DOC #, birthdate)

## AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I, \_\_\_\_\_, hereby authorize the use or disclosure of my health information as described below. The following individual or organization is authorized to make the disclosure:

(FROM) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The type and date(s) of information to be used or disclosed are:

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

### Password (required for verbal disclosure):

☐ Substance abuse/CD treatment records are also being requested (requires DOC form 14-172, Substance Abuse Recovery Unit Compound Release of Confidential Information, or equivalent)

Purpose for disclosure: \_\_\_\_\_

I understand that the information in my health record may include information relating to sexually transmitted infections, Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

This information may be disclosed to and used by the following individual or organization:

(TO) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department of the entity listed as (FROM) above. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or \_\_\_\_\_ (if left blank, authorization will upon release from DOC custody or six (6) months from date of signature, whichever is later).

I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524 and RCW 70.02. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and may not be protected by federal or state confidentiality rules. If I have questions about disclosure of my health information, I may contact the RHIA/RHIT/designee of the facility: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient  
(Do not sign if form is not complete)

\_\_\_\_\_  
Date  
(Patient to complete)

\_\_\_\_\_  
Last four digits of SSN

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

\_\_\_\_\_  
DOC Number

Requesting provider: \_\_\_\_\_ Date mailed/faxed: \_\_\_\_\_

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DOC 280.500 DOC 490.850 DOC 590.100 DOC 600.020 DOC 620.380 DOC 640.020 DOC 670.020 DOC 890.600  
DOC 13-035 (03/18/2019)

LEGAL: Disclosures/Requests



## AUTHORIZATION FOR RELEASE OF CUSTODIAL INFORMATION

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to release a copy of the information indicated below to:

\_\_\_\_\_  
Name Representing \_\_\_\_\_

\_\_\_\_\_  
Mailing address City, state, and zip code \_\_\_\_\_

The information is released for the following reasons:

\_\_\_\_\_

### INFORMATION THAT CAN BE RELEASED

- |   |  |
|---|--|
| <input type="checkbox"/> Educational History            | <input type="checkbox"/> Reports to Court/Board                              |
| <input type="checkbox"/> Random Urinalysis (UA) Results | <input type="checkbox"/> Assessment or Reassessment of Risk forms            |
| <input type="checkbox"/> Treatment Progress             | <input type="checkbox"/> Risk Classification/Supervision Plan Interview Data |
| <input type="checkbox"/> Pre-Sentence Report            | <input type="checkbox"/> Court or Board Orders                               |
| <input type="checkbox"/> Criminal History               | <input type="checkbox"/> Other (specify): _____                              |

**Release of medical, dental, and mental health information, use DOC 13-035 Authorization for Disclosure of Health Information.**

**Release of drug and alcohol treatment information, use DOC 14-172 Substance Abuse Recovery Unit Compound Release of Confidential Information.**

Release expiration will be at the time of release or at the discretion of the individual being supervised by the Department. Consent is subject to revocation at any time.

### AUTHORIZATION

\_\_\_\_\_  
Signature DOC number \_\_\_\_\_ Date of birth \_\_\_\_\_ Date signed \_\_\_\_\_

\_\_\_\_\_  
Witness name Signature \_\_\_\_\_ Date signed \_\_\_\_\_

\_\_\_\_\_  
Processed by (name, title, date) Scanned by (name, title, date) \_\_\_\_\_

**Prohibition on re-disclosure:** These records have been disclosed to you from records of which confidentiality is protected. Any further re-disclosure is strictly prohibited. Any authorization specifying "Any and All" information will not be honored.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Imaging System **COPY** - Records

DOC 09-485 (Rev. 10/30/19)  
Scan code SD14

Page 1 of 1

DOC 530.150  
Data classification code 1

## **THE JOURNEY PROJECT**

### **COVID-19 IMMUNIZATION VERIFICATION**

All information disclosed on this form will be kept confidential and will be shared with appropriate Journey Project staff on a need-to-know basis only.

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Mailing address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acceptable\*: (Circle One) Moderna Pfizer or Janssen

Brand of vaccine taken: \_\_\_\_\_ Date of 1st dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

**ATTACH DOCUMENTATION** – Documentation of vaccination is required. Accepted documentation (copies are acceptable) must be attached:

- Doctor's office or medical clinic records, or
- Public Health Department records, or
- Personal immunization card which is signed by clinic staff

**If the information regarding COVID vaccinations is incomplete or insufficient, a hold will be placed on acceptance into The Journey Project.**

**If you are in the process of getting fully vaccinated. Please fill in the date of your dose(s) below (can be dates in future):**

**\*\*\*Signature is Required\*\*\***

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Note: Participants must be fully vaccinated before coming to The Journey Project. Regardless of vaccination status all verification forms need to be received by The Journey Project staff at time application is sent.

**\*\*You are fully vaccinated if you are two weeks past your final dose\*\***