

MAINE DEPARTMENT OF CORRECTIONS
TRANSITIONAL LIVING PROGRAM HOUSE RULES AGREEMENT

Section 1. I understand and agree to the following conditions of being allowed to stay in a transitional housing residence:

- a. participation in illegal activities in the transitional housing residence or on the grounds of the residence, including, but not limited to, parking lots or other State owned or leased property constituting or adjacent to the transitional housing residence, is prohibited;
- b. use or possession of alcohol, illegal drugs, recreational marijuana, synthetic marijuana or any of its derivatives, pornography, or firearms or other dangerous weapons in the transitional housing residence or on the grounds of the residence, including, but not limited to, parking lots or other State owned or leased property constituting or adjacent to the transitional housing residence, is prohibited;
- c. use of medical marijuana is limited to those not on supervised community confinement;
- d. search by the TLP Manager or my probation officer of my person, room, vehicle, and papers and effects (property), including, but not limited to, electronic devices, for alcohol or drug use, pornography, and firearms and other dangerous weapons, as applicable, regardless of whether a search condition is one of my supervision conditions, is consented to;
- e. bringing or attempting to bring visitors to the transitional housing residence or onto the grounds of the residence, including, but not limited to, parking lots or other State owned or leased property constituting or adjacent to the transitional housing residence, is prohibited, unless it is an approved visit with my minor child;
- f. contact with any person with whom I am not allowed to have contact, whether due to a condition of supervision, a protection from abuse or other protective order, other court order, or a harassment notice, is prohibited;
- g. behaving in a violent, threatening, bullying, harassing, or otherwise inappropriate manner toward other clients or staff is prohibited;
- h. engaging in conduct that consists of unwanted comments, gestures, writing, or physical contact that is sexual in nature toward other clients or staff is prohibited;
- i. engaging in discrimination on the basis of race, color, sex, religion, national origin, ethnicity, disability, age, sexual orientation, or gender identity against other clients or staff is prohibited;
- j. signing in with the Program Attendant upon entering the residence and signing out with the Program Attendant upon leaving the residence, including by indicating an expected time of return, is required;
- k. notifying the Program Attendant if I will not in fact be returning at the expected time of return is required;
- l. entering or leaving the residence between designated “quiet hours,” except as required for employment, is prohibited;
- m. being quiet during the above hours and refraining from excessive noise at other times is required;
- n. the Program Attendant checking on my welfare by entering my room if I do not respond to a knock on the door, telephone call, or other attempt at contact is consented to;
- o. sharing common areas in a respectful manner and otherwise being respectful of other clients and their space is required;
- p. entering the room of another client without being invited in by the other client, who must be in the room at the time, is prohibited;

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- q. taking or using any item, including, but not limited to, food items and electronic devices, belonging to another client or staff is prohibited;
- r. being fully clothed at all times while in a common area (except when using a bathroom or shower) is required;
- s. securing all prescribed medications and medical marijuana (and its paraphenalia) in the designated locker and keeping it locked is required (i.e., they may not be kept on my person, in a vehicle in the parking lot, or anywhere else in the residence or on its grounds), with the exception that emergency use medications (inhaler for asthma, epi-pen for allergic reactions, and nitroglycerin for chest pain) may be kept on my person;
- t. proof of a prescription for medication or of a written certification from a medical provider or registry identification card for medical marijuana is required to be produced upon the request of the TLP Manager or my probation officer;
- u. storing perishable food items, appropriately labeled with my name, only in the designated locations in the kitchen is required;
- v. storing other personal items outside of my room, including, but not limited to, personal hygiene items in the bathroom or shower area and non-perishable food items in the kitchen, is prohibited;
- w. vaping, use of smokeless tobacco products (e.g., chewing tobacco, snuff, dip, etc.), and smoking of tobacco or medical marijuana is allowed only off grounds (i.e., not in the residence or on the grounds of the residence, including, but not limited to, parking lots or other State owned or leased property constituting or adjacent to the transitional housing residence);
- x. cleaning kitchen appliances, counters, and sinks, cooking items, dishes, glasses, and utensils immediately after use is required;
- y. cleaning toilets, sinks, and showers immediately after use is required;
- z. completing assigned cleaning of common areas and my own room as scheduled is required;
- aa. turning over to the Program Attendant for secure storage any personal item (which I am otherwise allowed to possess) if it is deemed to be a threat to my safety, the safety of other clients or staff, or to the property of others is required (with the understanding that the item will be returned to me upon my moving out of the residence);
- bb. complying with all conditions of supervision (probation, supervised community confinement, supervised release for sex offenders, conditional commutation, or parole, or conditions of supervision under the Interstate Compact for Adult Offender Supervision, as applicable) is required;
- cc. paying rent if a rent requirement is imposed for those living in the TLP residence; and
- dd. complying with any other conditions required by the Commissioner, or designee: _____

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Section 2. I understand and agree to the following conditions of being allowed to stay in a transitional housing residence:

- a. seeking suitable alternate housing as soon as practicable is required;
- b. maintaining or seeking employment, as applicable, unless receiving disability benefits adequate for support or engaging in a full-time education or treatment program, is required;
- c. signing releases of information to verify income upon request by the TLP Manager or my probation officer is required;
- d. if employed, maintaining or establishing a savings account with a financial institution (bank or credit union) and depositing a minimum of 25% of net income into this account upon receipt is required;
- e. removing any of the deposited funds prior to moving out of the transitional housing residence, except for expenses associated with alternate housing (e.g., security deposit, rent, moving expenses, purchase of bed, etc.) or as approved by the TLP Manager is prohibited; and
- f. providing a current savings account statement upon request by the TLP Manager or my probation officer is required.

Section 3. I understand and acknowledge the following:

- a. that I am not being required to reside in the transitional housing residence and am doing so voluntarily;
- b. that I am not allowed to stay in the residence for more than six (6) months unless I am approved for an extension, which may not be longer than three (3) months;
- c. that I may not stay in the residence past the date of termination of my supervision by adult community corrections;
- d. that I may move out at any time for any reason, including that I no longer agree to the above conditions, except as set out below if applicable;
- e. that if I am on supervised community confinement, I may not move out unless a different residence is approved by my probation officer; and
- f. that the Commissioner, or designee, may require me to move out at any time for any reason.

By my signature, I hereby agree to the “house rules” as set out above.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL AGREEMENT TO THE GREATEST EXTENT ALLOWED BY LAW.

Name of Client (Printed)

MDOC #

Client Signature

Date

Name of Witness (Printed)

Witness Signature