



# Friendship House Fayetteville Healthcare Student Resident Application

## Mission Statement

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



## Friendship House Fayetteville Model

Each of the three homes will have two apartment suites. In each suite, three healthcare students live with one “friend resident.” Friend residents are young adults with intellectual and developmental disabilities (I/DD), such as Down Syndrome or Autism. As a gateway to independent living, friend residents are expected to maintain part-time jobs or significant volunteer work and be able to take care of themselves. Healthcare students live as housemates and friends, setting positive examples and help foster the interdependence of friend residents.





# Healthcare Student Resident Admission Requirements Role & Expectations

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

## Admission Requirements

- Minimum age of 21 (30-year age maximum at entry of Friendship House) 1-year minimum/2-year maximum stay
- Has the financial resource for monthly rent (\$450 per month, which includes utilities)
- Current healthcare student (Graduate preferred but not required)
- Clear background check and drug test
- Applicant expresses the desire to live in the Friendship House community and serve as a friend to Friend Residents (young adults with intellectual/developmental - I/DD disabilities)
- Available and supportive each month to meet, assess goals and progress with resident director, Friend Resident housemate and their family
- Participate to the best of your ability in the rhythm of the FH community of *Eat, Pray, Celebrate* by coming to together in daily prayer and weekly dinner fellowship with housemates (minimum once per week dinners)

## Role and Expectations:

- Be a friend
- Healthcare student residents are neither qualified nor required to be caretakers of Friend Residents (i.e. medical conditions or services that require onsite care-taking).
- Set positive examples and interact to the best of your ability with Friend Residents during time of stay (maximum of 4 years. Healthcare students-maximum 2 years)
- Daily/Weekly presence within the apartment and/or house, participating to the best of your ability in the rhythm of the community
- Taking initiative to invite Friend residents and others to engage in fellowship and activities, participating in the celebrations of the community and engaging intentionally with housemates
- Having the ability to manage your schedule in conjunction with actively being present and involved in living with Friends Residents and roommates
- Respect housemates and understand their roles, while helping to foster Friend Residents to grow independent living skills and a sense of belonging



## Healthcare Student Resident Background Check Release & Drug Screening

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

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

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

Date of birth  
\_\_\_\_\_

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

Provide current and then most recent prior residence:

1.

Address \_\_\_\_\_

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

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

2. Address

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

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

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

Signature of Student Resident \_\_\_\_\_



## CODE OF ETHICS/APARTMENT RULES

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

9. Respect each other's privacy and establish guidelines for quiet hours etc. (adhering to the city noise ordinance)

10. Tell your housemate where you are going and when to expect you back or leave a note. This is just to be courteous. Make sure you exchange phone numbers with your roommate and hang emergency numbers on the refrigerator. Residents/Housemates are welcome to travel home, out of town, etc.

11. Alcohol is permitted but must be used in a respectful manner and not excessively. It must not be left in the kitchen or communal living space for others to have access. Alcohol consumption is NOT allowed for anyone under 21 years of age. Friend Residents are not permitted to consume alcohol without the permission of their guardian. If alcohol becomes used in a manner of which the other housemates, Residency Director or ServiceSource staff do not feel comfortable with, could lead to a ban on alcohol within the apartment. Any code of ethics, disrespect and boundaries broken may result in being removed from Friendship House.

12. Pets are NOT permitted (exceptions to the NC ADA Service Animal Law)

13. Firearms and any form of weapons (all guns, knives and possible items that may cause harm) are NOT permitted by housemates or guests.

13. Remember to be honest, respectful and responsible and participate in having the desire to maximize interdependent living skills, social skills and participating in the rhythm of the Friendship House Fayetteville community.

No illegal drugs or drug use will be tolerated

**I hereby acknowledge and agree to the roles, expectations and code of ethics stated for Healthcare Student Residents at Friendship House Fayetteville. As a Student Resident I am responsible for adhering to the stated requirements, I understand it may will result up to potential removal of the Student Resident from Friendship House Fayetteville.**

**Student Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Resident Printed Name** \_\_\_\_\_



# Healthcare Student Resident Assessment Information

Date \_\_\_\_\_

## Applicant Information

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

School \_\_\_\_\_ Graduate Program? \_\_\_\_\_ Graduation Date \_\_\_\_\_

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

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

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Answer the Following Questions:

Why do you wish to live at Friendship House Fayetteville and what do you hope to gain by living here?

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What do you hope to give as a student resident in Friendship House Fayetteville?

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Are there particular experiences that may have led you to be interested in living in Friendship House Fayetteville?

Do you have any experience relating to the special needs/developmentally delayed population? (If so, do you have any experience in working with sensory issues, social/pragmatic weaknesses, safety and functional life skills and specific language disorders?)

Any further information you wish to provide about yourself and why you would be a good student to at Friendship House Fayetteville.



## Healthcare Student Resident Assessment Reference Information

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

Date \_\_\_\_\_

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:** ServiceSource, Attn: Tara Hinton

600 Ames St. Fayetteville, NC 28301

[Tara.Hinton@ServiceSource.org](mailto:Tara.Hinton@ServiceSource.org)

Upon the review of the application, the selected Friend Resident and guardian will be notified for a face to face interview. If applicant is selected to be a Friend Resident, a formal contract and lease must be signed.