

## Resident Version

Welcome to The Ogba Way Transitional Living Program.

As a resident, you are part of a supportive community that is committed to helping you transition successfully into independent living. These house rules ensure safety, structure, and personal accountability.

1. CURFEW: 9:00 PM Sunday-Thursday, 11:00 PM Friday-Saturday (unless employed with proof of schedule).
2. PASSES: All passes must be approved by your probation officer in advance.
3. VISITORS: No visitors are allowed inside the house at any time.
4. EMPLOYMENT/PROGRAMMING: You must be employed or enrolled in approved education or job readiness programming.
5. SUBSTANCE USE: No use of drugs or alcohol is allowed in the house. However, there will be no random drug testing conducted by the program.
6. BEHAVIOR: No violence, threats, theft, gang activity, or disrespectful conduct. Quiet hours: 10:00 PM - 6:00 AM.
7. CHORES: You are expected to complete assigned chores and keep your personal and shared spaces clean.
8. PROGRAM FEES: There are no fees to participate in this program.
9. MEETINGS: Weekly house meetings are mandatory. Stay in communication with staff.
10. COMPLIANCE: You must follow all terms of probation. Probation officers may be contacted at any time.

Program completion includes stable income, housing, and compliance with all program rules.

We're here to support you on your journey.



## **The Ogba Way Transitional Living Intake Application**

Full Name:

Date of Birth:

Social Security Number (Last 4 digits):

Phone Number:

Email Address:

Emergency Contact (Name, Relationship, Phone):

Are you currently on probation or parole? (If yes, list officer's name and contact info)

Release/Intake Date from Correctional Facility:

Current Living Situation:

Employment Status (Employer, Position, Hours per Week):

Do you have a valid photo ID and Social Security card?

Education Level (last grade completed or GED):

Do you have any mental or physical health concerns we should be aware of?

Do you take any prescribed medications? If so, please list:

Do you have a history of substance use? (If yes, explain):

Have you completed any treatment programs or therapy? (When and where):

What are your goals during your stay at The Ogba Way?

What kind of support do you feel you need right now?

Are you willing to follow curfews, attend required programming, and communicate with staff?

Why are you interested in The Ogba Way Transitional Living Program?

By signing below, I acknowledge that I have received, read, and understand the House Rules for The Ogba Way Transitional Living Program.

I agree to comply with all policies and procedures outlined in the document. I understand that failure to comply with these rules may result in disciplinary action, up to and including discharge from the program and notification to my probation officer.

I also understand that The Ogba Way staff may communicate with my probation officer to ensure compliance with the conditions of my release and program expectations.

If I have any questions about the rules or expectations, I will speak with program staff for clarification.

Resident Name (Print): \_\_\_\_\_

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

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

Staff Name (Print): \_\_\_\_\_

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

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



# NEW 12 BED TRANSITIONAL LIVING- LEVEL 2



## Nearby Amenities:

Bus Stop- 0.1 Miles

Bakers Grocery Store-0.5 Miles

Dollar Tree- 0.4 Miles

CHI Clinic- 427Ft

Various Fast Food Places-0.2 Miles

U.S Bank-0.2 Miles

Walgreens- 0.5 Miles

Florence Branch Public Library- 0.8 Miles

Florence Community Center-0.8 Miles

Metropolitan Community College-2 Miles

**3021 SHEFFIELD ST. OMAHA, NE 68112**

**THE OGBA WAY**  
WE ONLY WIN WHEN YOU DO

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