NEWDAY OF INDEPENDENT LIVING

Your New Day Starts Here

Empowering Lives Through Safe and Supportive Independent Living

❖ Our Mission

NewDay of Independent Living is dedicated to offering safe, stable, and caring housing for individuals who are ready for a fresh start in life. We believe everyone deserves a place where they feel respected, supported, and able to rebuild at their own pace. Our goal is to provide a peaceful, structured home environment that encourages healing, personal responsibility, and renewed hope for the future.

❖ Our Vision

To be a trusted leader in independent living by transforming lives through compassionate housing solutions, fostering self-sufficiency, and strengthening communities one resident at a time.

❖ Our Purpose

At NewDay of Independent Living, our purpose is to provide more than just a place to live—we provide a foundation for a fresh start. We help individuals transition into stable, independent living by offering clean, furnished housing in a safe and supportive environment where dignity, respect, and opportunity come first.

❖ Contact

Phone: (757) 344-1503
Email: info@newdayil.net
Website: www.newdayil.net

NewDay of Independent Living — House Member Entry Form

1. Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: ☐ Male ☐ Female ☐ Other: _____
- Phone Number: _____
- Email Address: _____

2. Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____
- Alternate Phone: _____

- Name: _____
- Relationship: _____
- Phone Number: _____
- Alternate Phone: _____

3. Medical Information (option)

- Primary Physician: _____
- Phone Number: _____
- Allergies: _____
- Current Medications: _____
- Medical Conditions / Special Needs: _____

4. Substance Use History

- Do you currently use or have used drugs/alcohol? ☐ Yes ☐ No
- If yes, please describe: _____
- Are you currently in treatment or recovery programs? ☐ Yes ☐ No
- If yes, please list: _____

5. Housing & Support Need

- Reason for seeking residency at NewDay of Independent Living _____
- Are you currently employed? ☐ Yes ☐ No
- Support services requested (if any): _____

NewDay of Independent Living — House Member Source of Income Form

1. Employment Income

- Employer Name: _____
- Employer Address: _____
- Phone Number: _____
- Position / Title: _____
- Monthly/Annual Income: _____

2. Government Assistance / Benefits

Please indicate all sources of public assistance you receive (check all that apply):

☐ Social Security (SSI/SSDI)
☐ Unemployment Benefits
☐ Disability Benefits
☐ TANF / Welfare
☐ Housing Assistance
☐ Food Stamps / SNAP
☐ Other: _____

- Monthly Amount Received: _____

3. Other Income Sources

Please list any additional sources of income (e.g., pensions, investments, family support):

- Source: _____ Amount: _____
- Source: _____ Amount: _____

Certification & Acknowledgment

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may affect my eligibility for House Member at NewDay of Independent Living. I authorize staff to verify my income sources if necessary.

House Member Name: _____

House Member Signature: _____

Date: _____

Staff Witness Name: _____

Staff Signature: _____

Date: _____

House Rules – NewDay of Independent Living

To ensure a safe, clean, and respectful living environment for everyone, all

House members are expected to follow these house rules at all times:

- General Rules

1. No Unapproved Guests – Visitors are only allowed with prior approval

from management.

2. No Drugs or Alcohol – Absolutely no use or possession on the property.

3. Do Not Tamper with Cameras – Security cameras must not be

unplugged, covered, or moved.

4. Maintain Cleanliness – Keep both personal and shared spaces clean at

all times.

5. No Medication Sharing – Sharing or exchanging medications is strictly

prohibited.

6. No Pets – Pets are not allowed

7. Respect Others – Be kind, courteous, and respectful to everyone at all

times.

8. Noise Control – No loud music or disruptive noise before 10 AM or after 7

PM.

9. No Sleeping on Couches – Overnight sleeping in common areas is not permitted.

10. Parking – Only Park in designated areas. Do not block driveways or access points.

🧽 Cleaning Expectations

11.Clean As You Go – Always clean up immediately after using the kitchen,

bathroom, or any shared space.

12. Dishes – Wash dishes right after use; do not leave them in the sink.

13. Shared Areas – Wipe down countertops, tables, and surfaces after use.

14. Trash Disposal – Take out trash and recycling regularly. Replace liners after removing bags.

15. Refrigerator – Clean spills immediately and throw out expired food.

16. Clutter-Free – Keep shared spaces free of personal belongings.

17. Bathroom Etiquette – Keep shared bathrooms clean, hang towels, wipe sinks, flush, and limit time during peak hours.

18. Vacuuming & Sweeping – Sweep/vacuum high-traffic areas regularly to reduce dust buildup.

19. Laundry Area – Clean the lint trap after every use. Wipe down machines after spills.

20. Chores Schedule – Follow any posted cleaning/chore schedule to

keep shared areas tidy.

⏰ Curfews

21. Kitchen Curfew – No cooking after 9:00 PM.

22. Laundry Curfew – No laundry after 8:00 PM.

🍽️ Food & Kitchen Rules

23. No Stovetop Cooking – Stovetop use is not permitted.

24. Respect Food Boundaries – Only eat your own food. Do not take anything that isn't yours.

✅ Acknowledgment of Rules

By signing below, I confirm that I have read, understand, and agree to follow all the house rules listed above while residing at NewDay of Independent Living. I understand that failure to follow these rules may result in disciplinary action, including possible removal from the program.

House Member Name (Print): _____

House Member Signature: _____

Date: _____

Staff Witness Name (Print): _____

Staff Signature: _____

Date: _____

NewDay of Independent Living Houses

No Drugs or Alcohol Policy

1. Purpose
NewDay of Independent Living Houses is committed to providing a safe, supportive, and substance-free living environment. The use, possession, or distribution of drugs or alcohol is strictly prohibited to ensure the health, safety, and recovery of all house member.

2. Scope
This policy applies to all house members, staff, visitors, and contractors while on the premises or participating in any house activities.

3. Prohibited Conduct
- Possession, use, distribution, or sale of illegal drugs or controlled substances not prescribed to the resident.
- Possession, consumption, or being under the influence of alcohol on or around house property.
- Providing drugs or alcohol to others on the property or during house activities.
- Misuse of prescription medications (sharing, altering doses, or taking medications not prescribed to you).

4. Prescription Medications
House members must report all legally prescribed medications to house management. Medications must be taken only as prescribed. Misuse may result in policy violation.

5. Compliance and Monitoring
House members may be subject to random or scheduled checks, such as:
- Room inspections
- Breathalyzer testing
- Urine drug screening

Refusal to comply with these checks may be treated as a policy violation.

6. Consequences of Policy Violation

Violations of this policy may result in:

- Termination of residency
- Referral to counseling or treatment programs
- Notification of law enforcement if illegal substances are involved

7. Support and Resources

House members struggling with substance use are encouraged to seek help. Available resources may include:

- Recovery meetings
- Counseling programs
- Peer support networks

Acknowledgment

I have read and understand the NewDay Independent Living Houses No Drugs or Alcohol Policy. I agree to comply with all rules outlined above. I understand that violation of this policy may result in consequences, up to and including termination of residency.

House Member Name: _____

House Member Signature: _____

Date: _____

Staff Witness Name: _____

Staff Signature: _____

Date: _____

NewDay of Independence Living

Security Camera Protection Policy

1. Purpose
To protect the safety, privacy, and security of house members, staff, and visitors by ensuring all security cameras and monitoring equipment always remain undisturbed and fully operational.

2. Policy Statement
Security cameras are installed to promote safety, accountability, and compliance with organizational and regulatory standards. Under no circumstances shall house members, staff, visitors, contractors, or volunteers tamper with, adjust, disable, obstruct, cover, unplug, or interfere with any security camera or related equipment.

3. Prohibited Actions
- Touching, moving, or repositioning cameras
- Covering or blocking camera lenses
- Unplugging or disconnecting equipment
- Damaging or attempting to disable recording devices
- Obstructing camera views intentionally

4. Authorized Access
Only authorized management or designated IT/security personnel may install, adjust, maintain, or service security camera systems.

5. Reporting
Any malfunction, damage, or concerns regarding camera placement must be reported immediately to management. Do not attempt to fix or adjust the equipment yourself.

6. Violations
Tampering with security equipment may result in:

- Disciplinary action (for staff)

- Residency violation consequences (for house members)
- Removal from premises (for visitors)
- Possible legal action if damage occurs

7. Commitment to Privacy

Cameras are placed only in approved common areas and exterior spaces. Cameras are never installed in private areas such as bathrooms or bedrooms.

Acknowledgment of Policy

I have read and understand the NewDay of Independence Living Security Camera Protection Policy. I agree to comply with all rules regarding the handling of security cameras and related equipment.

House Member Name (Print): _____
House Member Signature: _____
Date: _____

Staff Witness Name (Print): _____
Staff Signature: _____
Date: _____

RESIDENCY & HOUSEHOLD VERIFICATION LETTER

NewDay of Independent Living

Email: info@newdayil.net

Website : www.newdayil.net

To Whom It May Concern,

This letter serves to verify that the individual currently resides at the property located at _____. The residence operates as a co-living environment and is part of a structured independent living program.

While enrolled in the program, the individual maintains full financial independence and is solely responsible for purchasing and preparing their own food, as well as managing all personal living expenses. The housing provider and program do not provide meals, groceries, or food assistance, and house members do not share food or financial resources.

For daily living and public benefit determination purposes, each house member is considered a separate household while residing at this address. This letter is provided to verify residency and household status in connection with eligibility for food assistance benefits.

If additional information is required, please feel free to contact me.

Sincerely,

Name: Ayanna Brown

Phone Number: (757) 344-1503

House Member Print & Signature:

_____

Date: _____