



MILWAUKEE COUNTY  
HOUSING DIVISION

## Community Intervention Housing Guidelines

---

The Milwaukee County Special Needs Housing Division provides Community Intervention Housing (CIH) to consumers living with severe and persistent mental illness a place to stay while in their emergency transition ensuring consumers are staying in a safe, recovery-oriented environment. The Community Intervention Housing is voluntary; you may choose to leave at any time or you can be asked to leave at any time. During your stay, light meals will be provided.

While you are a guest in this placement, you are required to follow all the guidelines listed below. Landlords referred to as Providers reserve the right to have their own rules and can have the final say for persons being asked to leave for any violations of the guidelines as follows:

1. Please be respectful to other consumers staying in the house, this includes; no loud talking, loud music, profanity, stealing, eating or drinking other's food/ beverages, going into other's rooms, sexual misconduct, dressing inappropriately, and absolutely no nudity.
2. **No visitors or guests (This does not include professional workers).**
3. No more than four bags or two large suitcases.
4. No fighting, hurting others, or no weapons of any kind (e.g. guns, box cutters, blades, homemade weapons).
5. No selling, borrowing, or bartering of goods and/or services by other consumers or the providers.
6. No alcohol or drug activity, no drugs or alcohol allowed on or near the premises.
7. All consumers are asked to be in between 11:00 p.m. and 5:00 a.m. (exceptions made for employment)
8. No smoking inside the home (please adhere to the designated smoking areas located outside).
9. All consumers are to assist with housekeeping (e.g. room, kitchen, living area, and bathroom).
10. **Beds will not be held if a consumer is gone for more than 3 days.** Exceptions can be made for medical emergencies.
11. All decisions for placements and/or extensions are made on an individual case-by-case basis.
12. Consumers are not promised extended stays and will be responsible for an exit plan before their last day. This may include calling 211 for shelter.

If you have any questions or concerns with the guidelines; please feel free to communicate those with your Community Intervention Specialist.

**Clinical Community Intervention Specialist: Emily Franklin: 414-544-5873**

**Community Intervention Specialist: Terri Ellzey: 414-617-9713**

**Community Intervention Specialist: Kali Daugherty: 414-514-1206**

**Housing Division main number: 414-278-2944**

**Placement date:** \_\_\_\_\_

**Name/Location:** \_\_\_\_\_



MILWAUKEE COUNTY  
HOUSING DIVISION

## Community Intervention Housing Agreement

---

I, \_\_\_\_\_ have read or have had this agreement read to me, I understand I am a guest in the Milwaukee County Special Needs Housing Division Temporary Crisis Room and Board and my stay is voluntary **(I do not have tenancy rights and may be directed to permanently leave the premises upon verbal notice)**. I understand if I leave without notice (e.g. on my own, incarceration, or hospitalization) I must arrange for someone other than myself to remove all my belongings upon my departure. I will have no more than three (3) days to remove my belongings; I understand the provider can request I remove my belongings from the premises on the day of my departure. **Milwaukee County Special Needs Housing Division is not responsible for lost, stolen, storage, and/or transfer of property.**

1. I understand the information shared between Providers and Community Intervention Specialists is reciprocal.
2. I must have an exit plan at the time admitted into CIH; this may include calling 211 for shelter.
3. I understand if I fail to adhere to the guidelines I can be asked to leave immediately.
4. I understand this placement is temporary, I am a guest in this home and I am not allowed to have guest or visitors during my stay. This will lead to immediate dismissal.
5. I have received a copy of the Client Rights and the Grievance Procedure for Community Services.
6. If I have any questions or concerns related my placement, I will communicate my needs with my case manager or the Community Intervention Specialists.
7. I understand if I leave the Community Intervention Housing for three or more nights I will be giving up my bed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Intervention Specialist/Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case manager/witness

\_\_\_\_\_  
Date