



Housing Application Form

Personal Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Social Security #: _____

Gender/Pronouns: _____

Race: _____

Marital Status: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Name/Relationship: _____

Number: _____ Email: _____

Substance Use & Recovery Information

Are you currently in a treatment program? Yes No

If yes, name of program: _____

Case Manager/Therapist: _____

Phone Number: _____

Primary Substance(s) of Use: _____

Date of Last Use: _____

Are you currently on any prescribed medications? Yes No

If yes, please list: _____

Health & Medical Information

Do you have health insurance? Yes No

If yes, please provide provider name and Member ID: _____

Do you have any medical conditions? Yes No

If yes, please explain: _____

Are you receiving mental health services? Yes No

If yes, please provide provider name: _____



Housing & Financial Information

Are you currently homeless? Yes No

If no, where are you currently residing? _____

Do you have a source of income? Yes No

If yes, what is your source of income & Monthly Income:

Recovery & Housing Goals

Why do you want to live in this recovery home? _____

What are your personal goals for recovery? _____

Are you willing to follow house rules and participate in recovery meetings? Yes No

Legal & Criminal History

Do you have any pending legal matters? Yes No

If yes, please explain: _____

Do you have any past convictions? Yes No

If yes, please list: _____

Are you on probation or parole? Yes No

If yes, please provide your Probation/Parole Officer's contact information (Name/Phone Number/Email): _____

Agreement & Signature I certify that all the information provided in this application is accurate and truthful. I understand that false information may result in denial of housing. I agree to abide by the rules and guidelines of the recovery home if accepted.

Applicant Signature: _____ Date: _____



Release of Information Form

Client Name: _____

Date of Birth: ____ / ____ / ____

Client Phone Number: _____

1. Authorization

I, the undersigned, authorize the use and/or disclosure of protected health information and personal records about me as described below:

Information to be Released:

(Initial each that applies or write "ALL" for full release)

_____ Housing status/history

_____ Medical/mental health records

_____ Case management or service plans

_____ Income/employment verification

_____ Substance use history/treatment

_____ Other (specify): _____

Purpose of Disclosure (check all that apply):

Care coordination

Housing assistance

Case management

Legal support

Other: _____

2. Disclosing Party

Organization releasing information:

Phone: _____ Fax: _____



3. Receiving Party

Name/Agency authorized to receive information:

Phone: _____ Fax: _____

4. Method of Disclosure

- Verbal
- Written
- Electronic (email/fax – may not be secure)
- All methods

5. Expiration

This authorization will remain in effect:

- Until (date): ____ / ____ / ____
- While the client is actively enrolled in services
- Until revoked in writing by the client

6. Client Rights

- I may revoke this authorization at any time in writing. Revocation does not apply to information already released under this authorization.
- I understand that my services cannot be denied if I refuse to sign this form, but some services may be limited if essential information is not available.
- I understand that once information is released, it may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws.
- I have a right to receive a copy of this form after signing.

7. Signature

Client Signature: _____

Date: ____ / ____ / ____

Parent/Guardian (if applicable): _____

Relationship: _____

Date: ____ / ____ / ____

Staff/Witness Signature: _____ Date: ____ / ____ / ____



Client Face Sheet

Personal Information

- Full Name:

- Date of Birth:

- Gender:

- Social Security Number (if applicable):

- Address:

- Phone Number:

- Email Address:

- Emergency Contact Name:

- Emergency Contact Number:

- Medical Information (if applicable)

- Insurance Provider:

- Policy Number:



New Client Entitlement / Identification Needs

Personal Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Medical Assistance Number: _____

Personal Identification Documents

State-Issued ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Healthcare Provider

Primary Care

Do you have a Primary Care Physician?

Yes No

If yes, provide the name of your PCP: _____

OBGYN (Obstetrics & Gynecology)

Do you have an OBGYN?

Yes No

If yes, provide the name of your OBGYN: _____

Social Services & Social Security Administration

SNAP (Supplemental Nutrition Assistance Program):

I need assistance with SNAP benefits.

TDAP (Temporary Disability Assistance Program):

I need assistance with TDAP.

TCA (Temporary Cash Assistance):

I need assistance with TCA.

MA Form 500C (Medicaid Redetermination):

I need help completing my MA Form 500C.

SSI (Supplemental Security Income):

I need assistance applying for or managing SSI.

SSDI (Social Security Disability Insurance):

I need assistance applying for or managing SSDI.



Project Success Harm Reduction Housing Policies

Introduction

Welcome to the Project Success Harm Reduction Housing program. **Our mission is to provide a safe and supportive environment for individuals actively seeking recovery from substance use. The following policies and guidelines are designed to ensure the safety, well-being, and success of all residents.** By adhering to these policies, residents contribute to a community of mutual respect, support, and accountability.

Eligibility Criteria

- **Substance Use Recovery:** Residents must be actively seeking recovery from substance use or mental health challenges.
- **Age Population:** 18+

Counseling & Therapy

- Residents voluntarily attend **Intensive Outpatient Program (IOP) group counseling for 9 hours a week.**
- Residents voluntarily **attend individual mental health therapy sessions weekly.**

Visitor Policy

- Under no circumstance are visitors allowed in the house.

Living Community Standards

- Support and maintain a clean and clutter-free living community.

Searches

- Upon entry to the house, **residents are subject to a full physical and property search for safety and illicit substances.**
- Residents are subject to random physical and property searches to ensure safety and compliance with house rules at any time during their stay in the program.

Weekend Pass

- If earned, weekend passes allow residents to leave the house from Friday at 5:00 PM and return no later than Sunday at 5:00 PM.
- Weekend passes are earned by but are not limited to the following:
 - Continued durations of sobriety
 - Continued durations of good behavior

Blackout Period

- Blackout periods are determined on a case by case basis. Program staff will take in various factors that will determine the need of Blackout. Factors include but are not limited to; referral source, recovery state, date of last use, etc.
- Failure to comply with house rules may result in consequences up to and including black out and discharge from the program.

Respect, Confidentiality, & Personal Responsibility

- Maintain respect for all residents and staff.
- Uphold confidentiality regarding all personal information shared within the community.
- Treat all residents and staff with equality and non-discrimination, regardless of race, gender, sexual orientation, religion, or background.
- Residents are expected to take personal responsibility for their actions and behaviors.

Curfew & Drug Testing

- Curfew is at **10:00 PM Monday-Friday and Midnight Saturday and Sunday**
- All clients, volunteers and staff are subject to random drug tests at the discretion of program staff.

Daily Schedule

- Residents must abide by the daily community schedule.

Daily Schedule

8:00 AM - 8:30 AM: Wake Up and Personal Hygiene

8:30 AM - 9:00 AM: Breakfast

9:00 AM - 10:00 AM: Morning Meeting - discuss goals, schedules, and any announcements.

10:00 AM - 12:30 PM: Group Counseling Sessions / Personal Time

12:30 PM - 1:30 PM: Lunch

1:00 PM - 3:00 PM: Personal Development (job searching, educational pursuits, or skill-building workshops)

3:00 PM - 4:00 PM: Chores and Community Responsibilities

4:00 PM - 5:00 PM: Free Time / Recreational Activities

5:00 PM - 6:00 PM: Dinner

6:00 PM - 7:30 PM: Evening Group Counseling Session

7:30 PM - 8:00 PM: House Meeting / Peer Support Group

8:00 PM - 8:30 PM: Personal Reflection / Journaling

8:30 PM - 10:00 PM: Wind Down and Personal Time

10:00 PM: Curfew

This schedule is subject to change based on individual needs, special events, or changes in the program structure. Residents are expected to participate fully in all scheduled activities unless excused by program staff.

By adhering to this daily schedule, residents contribute to a structured, supportive environment that promotes recovery and personal growth. Thank you for your commitment to the Success Harm Reduction Housing program.

Transitional Housing Policy and Procedures Agreement

1. Introduction

This Policy and Procedures Agreement (the "Agreement") outlines the guidelines, expectations, and responsibilities for clients participating in the Transitional Housing (IL) services provided by Project Success Inc. These services aim to help individuals maintain or regain their independence in a safe, structured environment.

2. Mission Statement

Our mission is to provide individuals with comprehensive support that foster personal growth, mental health recovery, and independence. Our goal is to empower clients to maintain stable, healthy lives through integrated therapy, skill-building, and community engagement.

3. Program Overview

The IL component includes:

- Assistance with housing and independent living
- Provide access to clinical services through community partnerships
- Development of ADLs (e.g., grocery shopping, finances, personal hygiene, home maintenance)
- Peer support and community-building activities
- Vocational skills support (job skill/training & development)

4. Eligibility Criteria

- Adults ages 18 and above
- Active participation in personal recovery journey
- Desire and commitment to Transitional Housing
- Clients who are not currently a danger to themselves or others

5. Admission Process

- **Initial Assessment:** An intake interview and assessment will be conducted to determine the client's eligibility and specific needs.
- **Consent for Services:** Clients must sign a consent form for participation in IL services (eg

- **Program Agreement:** Clients must sign this Agreement acknowledging their understanding of program expectations and responsibilities.

6. Program Participation Expectations

- **Behavioral Expectations:** Clients must maintain respectful and cooperative behavior within the program. Disruptive, violent, or harmful actions will not be tolerated.
- **Substance-Free Environment:** Clients are required to remain substance-free while in the program. Random drug screenings may be implemented.
- **Confidentiality:** All information shared in the IL quarters will remain confidential, in accordance with privacy laws such as HIPAA.
- **Independence:** Clients are expected to actively work on personal goals that support their ability to live independently, including developing life skills and managing daily responsibilities.

7. Code of Conduct

The following behaviors are prohibited:

- Use of alcohol or illegal drugs
- Physical violence, threats, or harassment
- Destruction of property
- Non-compliance with program rules and procedures

8. Transitional Housing Support

- **Housing Support:** Clients will receive assistance with finding and maintaining independent housing, if necessary.
- **Life Skills Training:** Clients will participate in life skills courses, including budgeting, meal planning, cleaning, and transportation.
- **Employment and Education Support:** Clients will receive guidance in securing employment or pursuing educational opportunities, based on individual goals.
- **Community Engagement:** Clients will be encouraged to build a network of social and peer support through program-sponsored activities and external community resources.

9. Rights and Responsibilities

- **Client Rights:**
 - Right to dignity, respect, and confidentiality
 - Right to participate in treatment planning and decision-making
 - Right to file grievances and have them addressed in a timely manner
- **Client Responsibilities:**
 - Responsibility to follow program rules and maintain a positive attitude
 - Responsibility to contribute to the overall safety and well-being of the community
 - Responsibility to notify program staff of any changes in personal circumstances (e.g., housing, employment, health)

Client Housing Responsibilities:

- Clients are responsible for their own toiletries, cleaning supplies and food.

Project Success Housing Responsibilities:

- Project Success Inc. is responsible for rent and utilities only.

10. Disciplinary Procedures

Failure to adhere to the terms of this Agreement may result in:

- A warning or blackout period
- Temporary suspension from program activities
- Expulsion from the program

11. Termination of Services

Clients may be terminated from the program if:

- They engage in behavior that endangers themselves or others
- They breach the terms of the program agreement
- They choose to voluntarily discontinue participation in the program

12. Acknowledgment

By signing below, you acknowledge that you have read and understood the terms of this Agreement and agree to comply with the policies and procedures outlined above. You understand that participation in the program is contingent upon adherence to these terms.

Resident Name (Print): _____

Resident Signature: _____

Date: _____

Staff Name (Print): _____

Staff Signature: _____

Date: _____



Resident Consent Form

Project Success Inc. – Transitional Housing Program

Welcome to **Project Success Inc.** We are committed to offering a safe, structured, and supportive transitional housing environment for individuals in recovery. This form outlines your responsibilities, what to expect, and important conditions of participation. Please read each section carefully and sign at the bottom to confirm your understanding and agreement.

1. Voluntary Participation

I understand that my decision to participate in the transitional housing program at Project Success Inc. is voluntary. I agree to engage with the program to support my recovery, housing stability, and overall personal development.

2. Substance-Free Environment

I understand that Project Success Inc. maintains a **strict zero-tolerance policy** for the use or possession of drugs, alcohol, or related paraphernalia. I agree to remain sober and understand that relapse or substance-related behavior may lead to a behavior plan, suspension, or discharge from the program based on safety concerns.

3. Shared Living Agreement

I understand that I will be living with other individuals in recovery. I agree to:

- Treat others with dignity and respect
- Avoid threatening, violent, or disruptive behavior
- Respect shared spaces and participate in household responsibilities
- Communicate conflicts calmly and involve staff when needed

4. Curfew, Chores, and House Rules

I agree to follow all house rules, including:

- Adhering to curfew times
- Completing assigned chores and room checks
- Attending required meetings and activities
- Abiding by visitor policies and quiet hours

I understand that consistent rule violations may result in progressive disciplinary actions.

5. Personal Belongings and Privacy

I understand that:

- I am responsible for keeping track of and securing my own belongings.
- Project Success Inc. is not responsible for lost, damaged, or stolen items.
- I will respect the personal space and property of others.

6. Health and Medical Needs

I understand that Project Success Inc. is **not a medical, psychiatric, or crisis care facility**. I am responsible for:

- Taking my own medications as prescribed
- Attending outside medical and mental health appointments
- Informing staff if I need help connecting with services

In case of a medical emergency, staff may contact emergency responders on my behalf.

7. Transportation and Program Outings

Project Success Inc. may offer transportation to appointments, recovery meetings, job interviews, or community outings.

By participating, I understand:

- I am voluntarily riding with staff or approved drivers
- I will wear a seatbelt and follow safety instructions
- The program is not responsible for incidents that occur during transportation

I agree to be on time, respectful, and cooperative during transport or community activities.

8. Guests and Visitation

I understand that:

- No guests allowed

Failure to follow visitation rules may result in loss of privileges or other consequences.

9. Employment and Daily Structure

I understand that part of my success in this program may involve:

- Seeking employment, vocational training, or volunteering
- Participating in life skills or recovery groups

- Maintaining a structured daily schedule

Staff will support me in setting goals and remaining accountable.

10. Acknowledgment of Community Living Risks

I understand that, while Project Success Inc. works to maintain a safe and positive environment, living in a community setting has some risks. These may include:

- Exposure to relapse or emotional distress from other residents
- Interpersonal conflict
- Accidental injury or property damage

I agree to take personal responsibility for my actions and work cooperatively with staff and peers to maintain a safe environment.

11. Program Participation and Discharge

I understand that:

- My continued stay in the program is based on compliance with expectation
- If I am noncompliant with rules or pose a risk to the community, I may be asked to leave the program
- Staff will make efforts to resolve issues before discharge, except in emergencies or serious violations

Acknowledgment and Consent

By signing below, I confirm that:

- I have read and understood this consent form
- I understand my responsibilities and the structure of the program
- I agree to fully participate and comply with all rules, expectations, and procedures of Project Success Inc.
- I accept that there are risks involved in community living and that I am accountable for my conduct during my time in the program

Resident Name (Print): _____

Resident Signature: _____

Date: _____

Staff Name (Print): _____

Staff Signature: _____

Date: _____



Policy Title: No Drugs or Alcohol on Premises Policy Effective

Date: April 15, 2025

Approved By: Clinical Director and or Executive Director

Applies To: All Clients, Visitors, and Staff of Project Success

Purpose

The purpose of this policy is to ensure a safe, healthy, and drug-free environment for all individuals receiving services, as well as for staff and visitors. The presence or use of alcohol or illicit substances on-site is incompatible with the therapeutic mission of Elevated Wellness Clinic.

Policy Statement

The possession, use, distribution, or being under the influence of **alcohol or any non-prescribed, mood- or mind-altering substances**, including **illicit drugs**, is **strictly prohibited** on the premises of Elevated Wellness Clinic, including inside the building, parking areas, and surrounding property.

This policy applies to:

- Clients currently engaged in treatment
 - All visitors and guests
 - All staff, interns, contractors, and volunteers
-

Definitions

- **Premises:** All physical areas owned, rented, or occupied by Elevated Wellness Clinic, including offices, group rooms, restrooms, outdoor spaces, and parking lots.
 - **Illicit Drugs:** Any substances not legally obtained or prescribed, including but not limited to cocaine, heroin, methamphetamines, ecstasy, and unprescribed medications.
 - **Alcohol:** Any beverage or product containing ethyl alcohol, including beer, wine, and spirits.
 - **Drug Paraphernalia:** Any item used to produce, conceal, or consume illicit drugs.
-



Enforcement

Violations of this policy will be taken seriously and may result in any of the following actions:

For Clients:

- **First Violation:** Verbal warning, documentation in the client's chart, and treatment plan review.
- **Second Violation:** Written warning and clinical meeting to evaluate continued participation in services.
- **Third Violation or Severe First-Time Offense:** Discharge from the program with referrals to higher levels of care, if appropriate.

Note: Any client found in possession of alcohol, drugs, or paraphernalia on the premises **may be discharged immediately**, depending on the severity of the infraction and safety concerns.

For Visitors:

- Immediate removal from the premises.
- Future access may be restricted or denied.

For Staff and Contractors:

- Subject to immediate administrative review.
- May face disciplinary action up to and including termination, in accordance with the Employee Handbook.

Reporting & Confidentiality

All suspected violations should be reported to a supervisor or staff member immediately. All reports will be handled discreetly, and confidentiality will be maintained as appropriate.

Exceptions

This policy does not apply to legally prescribed medications taken as directed. However, staff must be informed of any medications that may impair functioning while on-site. **The use of medical marijuana is not permitted on-site and must be disclosed prior to admission for appropriate planning or referrals.**



Acknowledgment

All clients, staff, and visitors will be notified of this policy. Clients must review and sign this policy upon intake; acknowledgment forms will be kept in the client's file.

Signature: _____ Date: _____



Policy Title: No Guns or Weapons on Premises Policy Effective

Date: April 15, 2025

Approved By: Clinical Director and or Executive Director

Applies To: All Clients, Visitors, and Staff of Project Success

Purpose

The safety and well-being of clients, staff, and visitors are top priorities at Elevated Wellness Clinic. To maintain a secure and therapeutic environment, the possession of firearms, weapons, or any items intended to cause harm is strictly prohibited on the premises.

Policy Statement

No individual shall bring or possess any firearm, weapon, or dangerous object—whether concealed or visible—on the premises of Elevated Wellness Clinic regardless of licensure or legal status of possession. This includes all buildings, treatment spaces, restrooms, parking lots, and any outdoor areas affiliated with the facility.

Definitions

- **Weapons:** Includes, but is not limited to, firearms (loaded or unloaded), knives with blades longer than 3 inches (unless used for therapeutic purposes with staff supervision), tasers, stun guns, pepper spray/mace (in large or weaponized containers), brass knuckles, explosives, and any item that can reasonably be perceived as a threat or used to cause harm.
 - **Premises:** All property owned, rented, or operated Elevated Wellness Clinic including indoor and outdoor spaces and parking areas.
 - **Possession:** Having a weapon on your person, in personal belongings, in a vehicle on site, or in any area under your control while on the premises.
-

Licensed Firearm Carriers

While Elevated Wellness Clinic recognizes that some individuals may possess a **valid license or permit to carry a firearm**, this licensure **does not grant permission to bring firearms or weapons onto the premises**. All individuals, regardless of permit or license status, are expected to comply with this policy.



Licensed carriers are expected to **secure their weapons offsite** prior to arriving at the facility. Failure to do so may result in removal from the premises and further consequences as outlined below.

Enforcement

For Clients:

- Immediate removal from the premises.
- Possession of a weapon may result in **immediate discharge** from the program depending on the nature of the weapon and the level of threat involved.
- Staff will assess risk and determine appropriate action, including possible law enforcement involvement.

For Visitors:

- Will be asked to immediately leave the premises.
- May be banned from returning to the facility.
- Law enforcement may be contacted in the event of non-compliance or perceived threat.

For Staff, Volunteers, and Contractors:

- Possession of a weapon on premises, regardless of licensure, will result in administrative review and may lead to disciplinary action, up to and including termination.
-

Reporting

Any staff member or individual who observes or suspects a person to be in possession of a weapon must immediately report the matter to a supervisor or clinical director. In the case of an immediate threat, emergency procedures must be followed, including contacting law enforcement.

Exceptions

The only exception to this policy applies to **active-duty law enforcement officers** who are on duty and acting in their official capacity. No other exceptions apply, including those with concealed carry or open carry permits.



Acknowledgment

All clients, visitors, and staff will be notified of this policy. Clients will be required to sign an acknowledgment during intake. Signage indicating a weapon-free zone will be posted at all entrances and throughout the facility.

Signature: _____ Date: _____



Transportation Request Policy

Purpose:

The purpose of this policy is to establish guidelines for clients who require transportation services for scheduled appointments related to their health and recovery. This policy ensures that transportation is provided in an organized, timely, and efficient manner.

Policy:

1. Eligibility:

- Transportation services are available to all clients who are a member of Project Success.
- Services include transportation to and from:
 - Doctor's appointments
 - Dentist appointments
 - Social services appointments
 - Any other location that is essential to their recovery and well-being.
- These services are also available for mental health appointments, including therapy sessions, psychiatric evaluations, medication management appointments, group therapy, and other related services.

2. Request Submission:

- In order to utilize transportation services, clients must submit a transportation request by **4:00 PM on the day prior** to their scheduled appointment.
- Transportation requests submitted after 4:00 PM will not be guaranteed for the following day.

3. Approval Process:

- All transportation requests must be approved by Mr. Vernon before transportation can be scheduled.
- Clients will be notified of the approval status of their transportation request by the end of the business day on which the request was submitted.

4. Procedure for Requesting Transportation:

- Clients or their representatives must complete the Transportation Request Form and inform the House Lead once complete.
- The House Lead should inform Vernon by 5p each day of who has request on the log.
- The form should include all necessary details such as the client's name, pick-up location, destination, and the scheduled appointment time.
- Once the form is submitted, it will be reviewed, and Vernon Johnson will determine approval based on availability and other factors.



5. Responsibilities:

- It is the responsibility of the client or their representative to ensure that the transportation request is submitted on time.

6. Cancellations:

- If a client needs to cancel their transportation request, they must notify Mr. Vernon as soon as possible.
- Repeated cancellations without prior notice may result in restrictions on future use of transportation services.

7. Exceptions:

- In cases of emergency or unforeseen circumstances, exceptions to the submission deadline may be considered on a case-by-case basis, subject to approval by Mr. Vernon.

Enforcement:

- This policy will be enforced by Project Success staff. Non-compliance with this policy may result in the denial of transportation services.



Transportation Waiver & Release of Liability

Client Name: _____

Staff Member Transporting: _____

This waiver concerns transportation that may be provided to a client by a staff member of Project Success. Transportation may be requested for personal, non-program-related purposes or for activities connected to the client's participation in Clinic services. When transportation occurs outside the staff member's scheduled work hours, it is provided voluntarily and in a personal capacity, not as part of the staff member's employment duties. This transportation is not sponsored, arranged, endorsed, or required by Project Success when it occurs outside official Clinic activities. The Clinic has informed both parties that it assumes no responsibility or liability for transportation provided outside the scope of employment or official program operations.

1. Acknowledgment of Activity

The client acknowledges and agrees that:

- Transportation may be provided for personal, non-program, or program-related reasons.
- When transportation is provided for personal or non-program-related purposes, the activity is not part of any treatment program, clinical service, or official Clinic activity.
- When transportation is provided during and outside of work hours, the staff member is acting in a personal capacity and not as a representative of Project Success.
- Project Success assumes no responsibility or liability related to transportation that occurs outside of official Clinic duties.

2. Release of Liability

By signing below, the client voluntarily agrees to release, waive, and discharge:

Project Success, its owners, directors, officers, employees, contractors, agents, and affiliates from any and all liability, claims, demands, damages, or causes of action arising from or connected to:

- Transportation provided for personal, non-program, or program-related activities
- Travel to and from any destination
- Any stops, delays, or events occurring during transportation
- Any accidents, injuries, property loss, or other incidents



This release applies regardless of the cause, including but not limited to vehicle accidents, negligence (excluding gross negligence or intentional misconduct), or unforeseen circumstances.

3. Employee Liability Clarification

The client understands and agrees that:

- When transportation occurs outside work hours, the staff member is not acting as a representative of Project Success.
- Any actions taken by the staff member outside work hours are personal actions, outside the scope of employment.
- Project Success has no duty to supervise, insure, or oversee transportation occurring outside official Clinic activities.

For transportation that occurs during work hours, the Clinic's responsibility remains limited to the extent allowed by law and subject to this waiver.

4. Assumption of Risk

The client acknowledges that:

- All travel involves inherent risks.
- The client voluntarily assumes full responsibility for all risks associated with any transportation provided by a staff member, whether personal, non-program-related, or program-related.

5. No Expectation of Coverage

The client understands that:

- Transportation provided for personal or non-program reasons is not covered by Clinic insurance or protections.
- Project Success will not cover medical expenses, damages, losses, or other costs resulting from such transportation.
- Program-related transportation may carry limited coverage, but the client still agrees to the liability release stated in this document.

6. Voluntary Agreement

By signing below, the client confirms that they:



- Have read and fully understand this waiver
- Are signing voluntarily and without coercion
- Accept full responsibility for participation in any transportation provided by a staff member

Signatures

Client:

Signature: _____

Printed Name: _____

Date: _____

Staff Member Providing Transportation:

Signature: _____

Printed Name: _____

Date: _____

Witness:

Signature: _____

Printed Name: _____

Date: _____