

The Byrd's Nest Resident Contract

(Operating under All the Way Around Transition, LLC)

Resident Information

- **First Name:** _____
- **Last Name:** _____
- **Today's Date:** _____
- **Expected Arrival Date:** _____
- **DOB:** _____
- **Place of Birth:** _____
- **SSN:** _____
- **State ID/DL #:** _____
- **Issuing Date:** _____
- **DOC #:** _____
- **MI:** _____
- **Probation Officer:** _____
- **Highest Grade Completed / Education Level:**

Emergency Contacts

Contact #1

- **Name:** _____
- **Relation:** _____
- **Address:** _____
- **City, State, Zip:** _____

Contact #2

- **Name:** _____
- **Relation:** _____

- **Address:** _____
- **City, State, Zip:** _____

Vehicle Information

- **Make:** _____
- **Model:** _____
- **Tag #:** _____
- **State:** _____

Mission of The Byrd's Nest

Byrd's Nest is a transitional house offering comprehensive reentry services tailored to each resident. Our mission is to provide tools for success in all areas of life, empowering each resident to become:

- Self-aware
- Confident
- Respectful
- Capable of giving back to future residents

"You will learn to fly again if you allow yourself to receive what we have to offer."

Policies & Agreements

(Resident initials required on each section)

Safety and Security

Residents must conduct themselves in a respectful, civil, and law-abiding manner. The first 30 days are for learning rules. The following may result in immediate removal:

1. Drug or alcohol use/possession
2. Violence or threats of violence
3. Possession of illegal items (weapons, stolen property, drug paraphernalia, etc.)
4. Destruction of property
5. Inappropriate physical contact, insubordination, or illegal activity

All property/rooms may be inspected without notice when safety is a concern.

Resident Initials: _____

Room Assignments

Assignments are made by staff. Changes require approval. Factors include age, special needs, health, and compatibility.

Resident Initials: _____

Meals

Residents must provide their own meals. Resources such as food banks will be provided.

Resident Initials: _____

Property Upkeep / Smoke-Free Policy

Residents must maintain clean rooms and common areas. Beds are made daily. Smoking/vaping is allowed **outside only**.

Resident Initials: _____

Social Interactions

Friendships encouraged; new intimate relationships discouraged. Existing relationships must follow boundaries:

- No PDA inside
- Visitors allowed until **7 PM**
- Visitors stay in common areas or outside only

- Respect privacy; no entering other residents' bedrooms

Resident Initials: _____

Household Meetings

Weekly meetings (minimum 30 minutes) are required.

Resident Initials: _____

Computer Usage

Computers/internet are for reentry purposes only (job search, résumés, applications). Social media and entertainment are prohibited.

Resident Initials: _____

Conflict Resolution

1. Step away and reflect
2. Attempt direct discussion
3. If unresolved, involve House Manager
4. Accept resolution and move forward positively

Resident Initials: _____

Confidentiality

Respect privacy. No sharing names or personal information about residents except in cases of imminent harm or illegal activity.

Resident Initials: _____

Finances and Fees

- **Residential Fees:** \$ _____ per week / month

- **Grace Period:** _____ weeks
- Payment schedule should match income schedule.
- Failure to pay without legitimate hardship may result in removal.

Residents may qualify for assistance programs (e.g., Operation New Hope).

Refund Policy

Residents may receive prorated refunds if:

- A two-week notice is given
- Living area is left clean and in good repair

Resident Initials: _____

General House Rules

1. Curfew: **11:00 PM** (unless work schedule conflicts)
2. Visitors allowed until **7:00 PM**, in common areas only
3. Lights out (common areas): **11 PM Sun–Thu / 12 AM Fri–Sat**
4. Daily shower, hygiene, and grooming required
5. Appropriate attire must be worn always
6. Laundry as scheduled; linens washed weekly
7. Shared chores required

Resident Initials: _____

Dismissal / Expulsion

Residents must comply immediately with staff instructions. Permanent expulsion reviewed by Owner/Operator (Valencia Byrd). Personal property must be collected within **48 hours** or will be donated. IDs held for **7 days**, then destroyed.

Resident Initials: _____

Liability Waiver

The Byrd's Nest / All the Way Around Transition, LLC is not responsible for:

1. Loss/damage of personal property
2. Accidental injuries
3. Personal expenses

This is **not** a landlord/tenant agreement. Housing is voluntary and conditional on rule compliance.

Resident Initials: _____

Acknowledgment & Agreement

I have read (or had explained this document to me). I understand and agree to comply with all policies and rules. I hold The Byrd's Nest and All the Way Around Transition, LLC harmless for accidents or injuries.

- **Resident Signature:** _____
- **Date:** _____
-
- **Staff Signature:** _____
- **Date:** _____
-
- **Print Name (Resident):** _____
-
- **Print Name (Staff):** _____