**Safe & Decent Living Orientation**

*The Family Promise Facilities Assistant completes an orientation with the Guest Family in two or more sessions (depending on baseline knowledge) their first week in the Apartment Shelter. The topics to be covered are listed below, with key points of instruction described. The Facilities Assistant should check when each item has been covered, and add the document to the client file.*

Unit Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topics for Orientation**

* Trash *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ Covering it
	+ Taking it out regularly, daily if uncovered
	+ Leads to expensive and disgusting pest problems (roaches, mice)
* Garbage Disposals *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ Avoid bones, starchy foods, hard foods, non-foods
* Shower Curtains *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ Liner inside the tub; curtain outside the tub
	+ How water left sitting creates rot and mold
* Thermostat/AC *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ Utility costs covered by organization
	+ How to work a window A/C (if present)
	+ How to work a baseboard heater (if present)
	+ How to work a thermostat for central air/heat (if present)
	+ Ideal temperature settings; use of windows
* Sink and Tub Drains *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ How to avoid a clog
	+ How to plunge a clog
	+ “P” and “S” trap for sinks
* Bed bugs prevention and detection *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ How to heat belongings
	+ What are interceptors, and how they work
* Toddler Safety *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ Strings on blinds, open stairs, stoves, toilets, open windows (4-inch rule)
	+ Storage of chemicals up high
* Cleaning *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ What cleanser does what
	+ How often to clean what
	+ Special items, like toilet bowl cleaner needing to sit 10 minutes
* Laundry *Date/Staff Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Staffperson Signature (when complete):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_