



A loving home for the expectant mom.

2355 Meadow Ridge Parkway | West Fargo, ND | 58078 | (701) 241-9289

THE PERRY CENTER POLICIES

A. RESIDENTIAL POLICIES

Rent

1. Rent is based on a sliding fee scale that includes room, board & services

Smoking, Alcohol & Other Drug Use

1. The entire property of The Perry Center is smoke-free, vape-free, e-cigarette-free, alcohol-free, and drug-free
2. Random or scheduled UA testing will be conducted if use of any illegal substance is used while on-site

Curfew & Quiet Hours

1. Building remains locked and monitored by a security system during quiet hours to ensure safety & protection
2. Quiet Hours
 - a. Adult Residents: Monday - Thursday from 9:00 p.m. to 7:00 a.m.
Friday - Saturday from 11:00 p.m. to 7:00 a.m.
Sunday from 7:30 p.m. to 7:00 a.m.
 - b. Minor Residents: Monday - Thursday from 9:00 p.m. to 7:00 a.m.
Friday - Saturday from 10:00 p.m. to 7:00 a.m.
Sunday from 7:30 p.m. to 7:00 a.m.
3. Residents must be in their room by 9:00 p.m.
 - a. Residents are to remain in the building after curfew. If not, alarm will sound, and residents will be locked out for the night and two strikes will be given

Laundry

1. Washer, dryer, detergent, and dryer sheets are provided
 - a. Laundry should be started before 8:00 p.m.
 - b. Residents are to wash their bedding and linens weekly
 - c. Remove laundry from the laundry room at your scheduled time

Appearance, Clothing & Hygiene

1. Residents must be fully dressed both modestly and appropriately by 9:00 a.m.
 - a. Short shorts, any tops showing midriff, spaghetti straps or similar clothing are not allowed
2. No bare feet allowed outside resident's bedroom and bathroom
3. All residents must bathe or shower, brush teeth, use deodorant, and change clothes each day

Mail Delivery

1. Residents will receive their mail from staff or in mailboxes outside of their room

Household Chores

1. Must complete daily & weekly chores
2. Personal bathroom, personal bedroom, and common living area are cleaned daily
 - a. No personalizing spaces
 - b. No personal space heaters
3. After giving birth, you have two weeks off from chores
4. After a c-section, you have four weeks off from chores

Meals & Food

1. Each resident must apply for WIC & SNAP
 - a. Residents are responsible for providing their own breakfast and lunch using WIC & SNAP benefits
2. Each resident assists in supplying evening meal supplies for the week
 - a. Each resident is to prepare and cook at least one evening meal each week
 - b. Evening meals take place at the dinner table, family style
 - c. All residents remain in the kitchen after evening meal and clean up together
3. No cooking is allowed between meals
4. Dishwasher is used and loaded by each resident after breakfast, lunch & dinner
5. No personal refrigerators or microwaves in bedrooms

House Phone/Cell Phone/Computer Use

1. House phone is available in the common area
 - a. A phone card can be purchased for long distance phone calls
 - b. Calm & kind conversations lasting around 10 minutes
 - c. No phone calls after 9:00 pm
2. Cell phone usage of any kind is not allowed for the first thirty days
 - a. Cell phones are not to be used during in house classes, meetings, meals, or bible studies
 - b. Cell phones will be turned in at curfew
3. Do not share personal information about other residents with anyone
4. The Perry Center laptop is available to use upon request, used in the common area for 30 minutes

Television, Movies, Books, Music, Games & Other Personal Entertainment

1. TV can be watched starting at 5:00 p.m. on weeknights and weekends
 - a. TV content is at the discretion of staff
 - b. No personal TVs in bedrooms
2. Movies can be rated G or PG
 - a. PG-13 movies at discretion of staff
 - b. No movies with violence or sexual themes
3. Books, Music, Games, and Other Personal Entertainment must reflect Christian principles and practices
 - a. No profanity
 - b. No sex themes
 - c. No satanic/demonic themes

B. PROGRAM POLICIES

Signing Out

1. Residents are required to sign out and back in every time they leave and return

Medical Care, Appointments & Medication

1. All Perry Center residents must receive ongoing and regular prenatal care
2. Consult house calendar before making appointments, confirming house class schedules and calendar first
 - a. Residents are required to arrive to all appointments on time
 - b. Provide Program Manager with medical summary following appointment
3. First time moms must participate in Nurse Family Partnership
4. All resident medications (except prenatal vitamins) are locked up in the safe which only staff have access to

Transportation

1. Consult Program Manager and House Parent for transportation
 - a. Independence is encouraged to access public transportation
 - b. Transportation to appointments is available on Tuesdays and Thursdays
2. Automobiles are allowed at The Perry Center if the resident has completed a high school or GED program and is employed or actively searching for employment
 - a. Provide Program Manager with proof of license, auto insurance, registration, and license plate number
 - b. Residents are not allowed to offer rides to other residents

Visitors & Overnight Home Visits

1. Visitors can visit The Perry Center with Program Manager approval
 - a. Program Manager must approve visits each week by Wednesday at 4:30 p.m.
 - b. Male visitors are not allowed
 - c. Parents and guardians of minor residents are allowed any time
2. Residents may request time to visit family member's or volunteer's homes overnight on weekends or holidays after resident successfully completes 30 days in the program
 - a. Program Manager must approve overnight home visits each week by Wednesday at 4:30 p.m.
 - b. All in-house responsibilities and programming must be completed before departing
 - c. Overnight home visits are not allowed during the week
 - i. No overnight home visits are granted to stay with boyfriends or friends

Children

1. Residents are responsible for their own children, and they must always be in resident's sight
2. Staff are not allowed to babysit

Counseling & Advocacy

1. Residents are required to participate in four counseling sessions at no cost to the resident
2. Residents meet with Program Manager on a weekly basis

Spiritual Growth

1. Residents will be provided with a Bible and attend weekly Bible studies
2. Prayer, thankfulness & devotion is said at each meal

3. Staff are available to pray for residents
4. Weekly Sunday morning church attendance required

Volunteering

1. Residents must participate in a minimum of 20 hours of volunteering during their stay

House Meetings & In-House Classes

1. Weekly house meetings are required for all residents
2. Consult house calendar to ensure active participation in programming

Free Time

1. All classes, dinner clean-up, and assigned chores must be completed before socializing
2. Residents over age 18 may leave The Perry Center during free time
3. Saturdays are free days, except for group scheduled activities

C. COMMUNITY ACTIVITY POLICIES

Mentor Program

1. Mentors are community volunteers who meet with residents during their stay and beyond

Education

1. North Dakota State Law requires any person under 16 to attend school
2. Any resident under the age of 18 must attend educational programming to work toward their high school diploma
3. Residents over 18 without a high school diploma should work toward their GED

BrightCourse

1. BrightCourse is a curriculum-based program to help women learn, grow, and understand how to parent
 - a. Residents are given the opportunity to earn “Baby Bucks”

Employment

1. Employment is encouraged for all residents who have achieved their high school diploma or GED
 - a. Residents are recommended to work 15-20 hours per week
 - b. Provide Program Manager with your work schedule

D. CONSEQUENCES

- 1st Incident - Verbal reminder of policies
- 2nd Incident - Verbal reminder of policies
- 3rd Incident - Written reminder of policies, extra chores, loss of privileges (computer, phone & TV)
- 4th Incident - Meeting with resident, staff and/or family members and/or outside professional working with resident, including Program Manager; at this level, plan for discharge may be implemented
- Critical Incident - Immediate discharge of resident if children or a staff member are in danger



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RESIDENT INFORMATION

Today's Date: _____

Name: _____ SSN: _____

Address _____ Phone: _____

Date of Birth: _____ Birthplace: _____ Age: _____

Marital Status Single Married Divorced

Baby's Due Date: _____ Please Check One Natural Birth Planned C Section

Is this your first pregnancy? Yes No

If not, explain.

Plans For This Baby Parenting Adoption Someone Else Parenting Undecided

Name of Adoption Agency (if applicable): _____

Caseworker Name: _____ Phone: _____

Other Agencies You Are Working With Regarding Your Pregnancy/Adoption

Agency Name: _____ Phone: _____

YOUR PARENTS

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

YOUR GUARDIAN (IF APPLICABLE)

If you have a guardian, is it a parent? Yes No

If not, how are you related to your guardian?

Address of Guardian: _____

Guardian Phone: _____

FATHER OF THE UNBORN BABY

Name: _____ SSN: _____

Address: _____ Phone: _____

Date of Birth: _____ Age: _____

Employer/School: _____

Employer/ School Address: _____

Physical Description of Father

How does he feel about the pregnancy?

Does he admit that he is the father? Yes No

Has he signed a formal Acknowledgment of Paternity? Yes No

What is your relationship with the father at the present time?

YOUR OTHER CHILDREN

Name: _____ Date of Birth: _____ Sex M F
Name: _____ Date of Birth: _____ Sex M F
Name: _____ Date of Birth: _____ Sex M F
Name: _____ Date of Birth: _____ Sex M F

EDUCATION/EMPLOYMENT

If you are presently in school:

Name of School: _____ Grade Level: _____

Guidance Counselor: _____

If you have dropped out of school:

Age you left school: _____ Last Grade Completed: _____

Reason for Leaving: _____

What have you been doing since you dropped out of school?

If you graduated from High School:

Name of School: _____ Year Graduated: _____

Did you go on to college or other career training? Please Explain:

Employment: _____

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone: _____

CRIMINAL BACKGROUND

Have you ever been accused or convicted of any crime other than a minor traffic violation?

Yes No

If yes, explain for each: offense, date, sentence, name and phone number for your caseworker:

SPIRITUAL LIFE

Do you have faith? Yes No

Do you currently attend a church? Yes No

AGENCIES

Which community agencies are you working with? (i.e. Social Services, WIC, YWCA, Job Service, Southeast Human Services, etc.)

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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RESIDENT MEDICAL INFORMATION

Name: _____ Age: _____ DOB: _____

Health Insurance: Medicaid Private Other None

Medicaid County/State: _____ Medicaid Number: _____

Insurance Provider: _____ Policy Holder: _____

Policy Number: _____ Group Number: _____

MEDICAL PROVIDERS

Obstetrician:

Name: _____ Clinic: _____

Address: _____ Phone: _____

Date of Last OB Exam: _____ Date of Next OB Exam: _____

Primary Care Doctor:

Name: _____ Clinic: _____

Address: _____ Phone: _____

Date of Last Exam: _____ Date of Next Exam: _____

Counselor/Therapist:

Name: _____ Phone: _____

Other Medical Providers:

Name: _____ Phone: _____

Name: _____ Phone: _____

YOUR HEALTH

Medical Conditions

Check any of the illnesses you have or had in the past:

- HIV/AIDS Sexually Transmitted Disease(s) Hepatitis Mononucleosis
 Diabetes Any other contagious diseases not mentioned above explain:

Allergies:

Hospitalizations:

If you have ever been hospitalized, give the following information: Date, hospital, reason for hospitalization, physician.

Chemical Dependency:

Drugs:

Have you ever used illicit drugs of any kind? Yes No

If yes, explain drugs used, frequency, length of use, and any treatment:

Alcohol:

Do you have a history of alcohol abuse? Yes No

If yes, explain drugs used, frequency, length of use, and any treatment:

Tobacco:

Have you ever used tobacco? Yes No

If yes, explain frequency and whether you have quit:

MEDICATION

List all prescription and over the counter medications and vitamins you are presently taking, the dosage, and frequency of use:

Do you have any other health or medical concerns that we should be aware of? Yes No

If yes, please explain:

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____