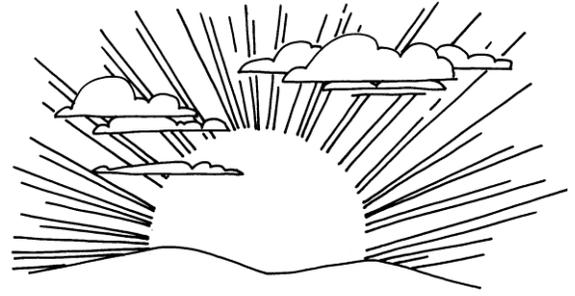


AURORA SOCIAL REHABILITATION SERVICES



Our Vision Statement

Our Vision is to ensure our consumers have a safe and secure place to participate in educational, recreational, and social activity that is free from prejudice and judgment. Also, to assist them in learning and developing social skills that will enable them to be an integral part of their community and to help them improve the quality of their lives.

Dauphin County Harrisburg Aurora Center Orientation Manual

Dauphin County

Harrisburg Aurora Center Location:

Katrina Seidel: Program Coordinator

kseidel@auroraservcies.org

401 Division Street, Harrisburg, PA 17110

Phone: (717) 232-6675 Ext. 110

Fax: (717) 754-0169

Hours of Operation:

Monday through Friday: 8:00 A.M. to 3:00 P.M.

Saturday: 8:00 A.M. to 1:00 P.M.

Sunday: Closed

General Consumer Policy and Procedures: Section A: 1-8

1. Meals:

Lunch is prepared and served by consumers at no cost Monday - Friday at Noon, and Saturday at 11:00AM. In the event Consumers are not available to prepare the meal you will be responsible for buying, or bringing your own lunch. In order to eat you must sign up or call ahead by 10:00AM and also complete a chore. The chore list is completed daily at the morning meeting at 9:30A.M.

2. Transportation:

Aurora Services does not provide transportation to and from any of the Aurora Centers In an emergency situation staff will work with the consumer's case manager to help ensure transportation to and from the center. Case managers must set up all transportation for those who utilize these services. If you have any questions regarding drop off and pick up times, please contact the transportation office in your county.

Public Bus Passes in Dauphin County: In order to be eligible to purchase a CAT bus pass from Aurora you must attend the center **2 days per week with a minimum of 4 hours each day.** The **Full ride** monthly pass cost is **\$20.00 plus attendance requirement.** The **11 ride punch pass cost is \$3.00 each, or two for \$5.00 plus the attendance requirement.** You may only purchase two eleven punch passes per month. If you lose your pass no replacements will be issued. Attendance is verified prior to bus pass distribution. In the event you are unable to attend the center due to medical reasons please notify the center so a determination can be made to see if you will remain eligible.

3. Activities:

Social activities calendars are available at each Aurora Center, or via our website **www.auroraservices.org.** Special events will be posted at each center where the consumer may decide to participate by signing up for the event. Participation is encouraged in all activities and sleeping is not considered an activity and will not be tolerated at any of the Aurora Centers. All consumers must attend the daily morning meeting, monthly member meeting, and any special guest speaker seminars if they are in attendance at the times these events occur. Consumers are encouraged to express their ideas, suggestions, and concerns at the monthly member meeting where the Program Coordinator will listen and may incorporate them into the monthly activity calendar. The Executive Director will determine the appropriateness of the activity or special event that is being requested.

4. Case Management:

We want our consumers to understand that we do not keep any information confidential from your case management services providers. Aurora Social Rehabilitation policy is to communicate all information to the best of our ability with the consumer's Case Manager, Personal Care, CRR, Dom Care, and LTSR Providers as needed.

5. Attendance, Dress and Health:

Attendance at any of the Aurora Centers is contingent upon the consumers being clean, neatly dressed and free from any contagious sickness, infestations, and also persistent incontinence. For any of the above issues and/or other medical concerns a consumer may be suspended and a doctor or extermination notice will be required before the consumer may return to the Center. Tank tops, halter tops bare midriffs, clothing with offensive wording, or torn garments are not appropriate. Any consumer not appropriately dressed will be directed to go home and change clothes.

6. Image Release:

By signing this Orientation Manual Acceptance Agreement, the consumer understands they may be photographed or videotaped from time to time and will not receive any remuneration in the event these images are used by the Aurora Center for promotional purposes. They also understand that they may be identified as a consumer of the agency and if they do not want their image taken or reproduced they will not participate when an event is being photographed or videotaped.

7. Personal Care, CRR, Dom Care and LTSR Providers:

It is Aurora's responsibility to keep every consumer safe while at our Center. Unfortunately, situations may arise that require you to have an alternate way home other than Share-A-Ride, County or Public Transportation. Since we are unable to transport you back to your residence we need the full cooperation of you and your staff to pick you up if necessary. It will be your responsibility to let them know about this policy by having them also read this manual. Upon your signature you are agreeing to comply with this important portion of the Orientation Manual.

8. Emergency Removal from Aurora Center:

In the event Aurora Staff deems it necessary to remove a consumer from the Center for medical reasons we require that an updated Consumer Information Sheet accompany you to your destination. For this reason, it is mandatory that a Consumer Information Sheet be completed and updated regularly to ensure accuracy. In addition, if an ambulance service or 911 Emergency Personnel is requested by staff and refused by the consumer you will still be asked to leave the center on your recognizances.

Consumer's Rights and Responsibilities: Section B

Prohibited Acts: Monitored by staff while consumers are on agency property

- The use of, or under the influence of, alcohol or non-prescription drugs while on agency property.
- The carrying, threat or use of weapons of any kind.
- Belligerence towards and/or physical or verbal intimidation of a staff, consumers, or general public.
- Solicitation of or participation in sexual acts or otherwise lewd behavior including cursing, rude or abusive language and intimidation to other consumers or staff.
- Attempting to borrow money, cigarettes, or any items from staff, consumers, or general public.
- Stealing or other illegal acts.
- Excessive sleeping.

Consequences of Prohibited Acts:

A series of verbal and written warnings with suspension from participation is the usual result of engaging in prohibited behavior at the Aurora Center. Should staff decide that an incident was serious enough, being either illegal or posing a danger to others, immediate dismissal is possible. This decision is at the discretion of the Executive Director. (The following Grievance Policy explains the process of appealing a decision made by staff.)

- **First Warning** - will be given verbally
- **Second Warning** - will be given in writing, and a case note will be documented. A suspension may also be given at this time.

- **Third Warning** - a second written warning will be given with mandatory suspension. Should incidents continue to occur, membership at the Center may be revoked.

Consumer Grievance Policy and Procedure: Section C

Aurora Social Rehabilitation Services is an equal-opportunity employer and does not discriminate in employment or services provided on the basis of age, race, religion, national origin, marital status, gender, sexual orientation, disability, or in any other fashion that is against federal, state or local discrimination laws. In the event a Consumer believes they were treated in an unfair manner they may contact their Program Coordinator with their concern and they will be assisted with documenting the issue and resolving the problem in a timely matter. The Consumer may also have an independent advocate assist them with this process. If the complaint is not resolved they may appeal to the Executive Director with their written concern and he/she will respond in writing to the complaint in a timely manner. If not resolved to the consumer's satisfaction the Executive Director will set up a three-member committee comprised of one Consumer, one Staff or Board Member of the consumer's choice, and a member of the Board of Directors. A final decision will be made by this panel and made available to all parties involved in a timely manner. In the event that the occurrence regards a decision to temporarily suspend services, all efforts will be made to return the consumer successfully to services with a written plan. Consumers may also contact the county's **Mental Health/Intellectual and Developmental Disabilities Administrators Office** with any questions or concerns. Please see any staff person for assistance if needed.

Consumer Information Release: Section D

This information has been disclosed from records whose confidentiality is protected by state and federal law, prohibiting you from making any further disclosure of this information without prior written consent of the person about whom it pertains.

The following are some examples of the Agencies we may need to release information to and from:

- CMU
- Keystone
- NHS
- Holy Spirit
- ACT
- Personal Care, CRR Dom Care LTSR Providers
- Guardian
- Emergency Personal (EMT and 911 Dispatchers) Consumer Information will be given to personnel.
- Hospital Emergency Room Personnel
- Case Managers, Peer Support Specialist
- MH County Personnel
- Home Care Provider/Agency Representative
- Other _____

You are required to notify staff with any changes to your consumer information such as; address, phone number, or case management services

Orientation Manual Terms Acceptance & Signature Page

Upon your signature below you are agreeing to the **Policy & Procedure Section A: 1-8**, the **Consumers Rights & Responsible Section B**, the **Grievance Policy & Procedure Section C** and the **Consumer Information Release Section D**. You are also acknowledging you have been given a copy of the orientation manual for your review.

I, (Printed Name) _____ have completed the Aurora Center Orientation Tour and I have read and understand the Orientation Manual. I also understand that upon my signature below these terms and conditions will become a permanent part of my Aurora Consumer File and I may request a copy at any time.

Signed: _____ Date: _____

Staff Signature: _____ Date: _____

Please sign this copy at the time of orientation and return it to the Aurora staff person completing the tour