1258 Greater Hope Road Martin, GA 30557 newbeginningslife.net
Office 706-356-2113 FAX 775-368-8260 S.M.I.L.E 706-356-2803

New Beginnings MINISTRY

New Beginnings Ministry

Application for Admittance

Complete all forms and mail, fax, and or e-mail to the contact information above

Please understand that your acceptance to New Beginnings Ministry requires a 12 months minimum commitment

You must be at least 18 years of age to enter the ministry

Your Commitment

The first 60 days of your stay at **New Beginnings** is filled with many challenges. This most often includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first inclination of the resident is the desire to leave prematurely before the adjustment period is complete. We have found that after the first 60 days, most of this insecurity passes.

Unfortunately, ladies walk away from their opportunity with **New Beginnings** because they do not give themselves enough time to make the necessary adjustments. With this in mind, we are requiring a strong commitment on your part to enter this ministry with a determination in your heart to see it through to the end. Your signature to this commitment form is your agreement not to compromise your decision to change, and, therefore, agree to give no time or expression to ideas such as: "I'm too homesick," "This is too hard," "I'm not ready for this" or "I don't want God shoved down my throat." We understand that feelings of homesickness and missing your family is valid; however, you must determine that you will ***not*** allow these feelings to drive you from your commitment to what God has for you through **New Beginnings**.

Your signature represents your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to Jesus and His change in your life.

IF YOU DO NOT AGREE TO THIS COMMITMENT,
PLEASE DO NOT PROCEED WITH THE APPLICATION PROCESS.

If you do agree, please sign and proceed with the **Application.**

_____

Signature of Applicant Date

_____

Staff Witness Date

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WE ARE A SMOKE FREE FACILITY

There is a non- refundable fee of $25.00 fee to process your application. All checks and money orders are to made out to: **New Beginnings Ministry.** Application will be processed once this fee is received. Be sure to include your contact number for a phone interview. The information contained in this application will be considered confidential information and will not be released except on a need to know basis. **If any of this information is falsified, it will be a reason for immediate dismissal from the ministry.** By completing this application, the applicant does not commit in any way that she will become a client at New Beginnings Ministry, Inc. This application is strictly for screening purposes and further steps must be taken before an applicant is accepted into the ministry.

FOR STAFF USE ONLY

Application Received in Office:_____**Date of Interview:** _____ **Status:** _____

Admittance Date:_____

- **Voluntary**
- **Court Mandated** **How Long?** _____ **Completion Date:** _____

Reason for Non- Acceptance: _____

This Application Must be Filled Out Completely

Today's Date: _____

General Information

** Instructions: The entire application must be completed ONLY by the applicant herself; with no additional help.

Last Name	**Maiden**	**First**	**Middle**
Street		**City**	**State** / **Zip Code**
County you will be entering NBM from		**County**	**Volunteer OR Mandate**
Telephone # for Interview		**DOB**	**Age** / **SS#**

Referred by: _____ Phone #: _____

Name of Contact person if at Facility: _____

Incase of Emergency notify: _____

Relationship to you: _____Phone Number: _____

Background Information:

Addiction: Please list all substance you have used including tobacco. If you are in need of additional room please see page 12.

- Drug: _____
- Age of 1st use: _____
- Frequency used: _____
- Date of last use: _____
- Longest period of abstinence: _____

- Drug: _____
- Age of 1st use: _____
- Frequency used: _____
- Date of last use: _____
- Longest period of abstinence: _____

- Drug: _____
- Age of 1st use: _____
- Frequency used: _____
- Date of last use: _____
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- Drug: _____
- Age of 1st use: _____
- Frequency used: _____
- Date of last use: _____
- Longest period of abstinence: _____

Living Situation: describe most recent living situation, choose most applicable (Underline or Circle):

- o Non-Housing (Street, car, etc.)
- o Mother transient, children living with relatives/friends
- o Domestic Violence situation
- o Mother and children living with relatives/friends
- o Emergency Shelter
- o Transitional Housing for homeless persons
- o Psychiatric Facility
- o Substance Abuse Treatment Facility
- o Hospital
- o Jail/Prison
- o Rental Housing
- o Own Home
- o Other

1. Have you ever been a lesbian relationship?_____ if yes for how long? _____
2. Have you ever been involved in prostitution?_____ if yes for how long? _____
3. Have you ever been involved in any satanic cults or rituals? _____ if yes please explain__
_____
_____

Family:

Marital Status

- o Single, never married
- o Married
- o Divorced
- o Widowed If widowed, how long _____ How did he die? _____

Do you have children? _____
Please list all of the **names and age** of children? _____
_____
_____
_____

Does any of your children have behavioral problems?_____ If so, list name and behavior : _____
_____
_____

Are any of your children on medication?_____ If so, what are they and the dose : _____
_____

Does any of your children have special needs: _____ if so, please explain. _____
_____
_____

What are your goals for your children? _____
_____
_____
_____

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Family information continued:

Do you still have custody of your children? _____ if not, please provide more information

Name of Child	Age	Specific Charges Leading to Removal of Custody	Date Custody Was Lost	Most Recent Court Date and Outcome	Visitation Arrangements	Name/Phone Number of DCS/Ju

INCOME

Do you have other sources of income or support:

- General Public Assistance Amount: $ _____
- Employment Income Amount: $ _____
- Unemployment Benefits Amount: $_____
- WIC Amount: $ _____
- Child Support Amount: $ _____
- Supplemental Security Income (SSI) Amount: $ _____
- Disability Income (SSDI) Amount: $ _____
- Social Security Amount: $ _____
- Veterans Benefits Amount: $ _____
- Medicare Amount: $ _____
- Medicaid Amount: $ _____
- Other (please specify) Amount:$_____

Total Monthly Income: $ _____

Do you own your own vehicle?_____

What is KBB value of vehicle?_____

Education

- High School Diploma/ GED: Yes _____ No_____
  If you answered no what is the highest grade completed_____
- College/ Tech:_____
- Educational Interest:_____
  _____
  _____

My Personal Goal & Dream is to: _____
_____
_____

Employment History (start with the most recent):

Employer Name:_____
Employed from: _____ to _____
Address: _____
Job Title: _____
Job Description: _____
Reason for Leaving: _____
_____

Employer Name:_____
Employed from: _____ to _____
Address: _____
Job Title: _____
Job Description:_____
Reason for Leaving:_____
_____

Employer
Name: _____
Employed from: _____ to _____
Address:_____
Job Title:_____
Job Description: _____
Reason for Leaving:_____

Employer
Name:_____
Employed from: _____to _____
Address: _____
Job Title: _____
Job Description: _____
Reason for Leaving:_____
_____

Do you have a history of the following?

- o Mental Illness
- o Alcohol Abuse
- o Drug Abuse
- o Depression
- o Probation or Parole
- o Development Disability
- o Physical Disability
- o Domestic Violence (as an adult)
- o HIV/AIDS and related disease

Please list any service agencies/providers(and contact persons) that work with you, along with their addresses and phone numbers: *Attorneys, DFCS, Probation/Parole, Dept SS, ect.*

_____

_____

HEALTHCARE:

Date of last Medical Exam:_____ Diagnosis:_____

Have you been tested for any of the following?	What were the Results?
HIV ___	Neg___ Pos___
HepA___	Neg___ Pos___
HepB___	Neg___ Pos___
HepC___	Neg___ Pos___
TB ___	Neg___ Pos___
STDS___	Neg___ Pos___ If Pos what was it for_____

Recent Pap Y___ or N___ _____

Please describe any physical disabilities NBM would need to provide assistance for:_____

_____

_____

We live in a rural area and take care of the house and grounds. Are you able to perform:

1) Housekeeping chores (such as vacuuming, moping, laundry, dusting, cooking, cleaning, etc.) **Yes__ No___**
2) Yard/garden work (raking, hoeing, planting, weeding, etc.) **Yes__No__**

If you are unable to perform any of the above, what is the reason?

3) Are you able to climb stairs?_____
4) Are you able to sleep on a top bunk? _____

Do you have Insurance? _____If yes, who is the provider?_____

Do you have a primary physician? _____Doctor's Name_____

Address and Phone Number: _____

Please list all Medical Conditions (including Mental Health conditions and diagnosis) Treatments, and Current Medication: Please be aware that if you have or develop any medical condition lasting more than two weeks, you will need to look for another placement as NBM is not medical facility and is unable to provide convalescent or medical treatment on-site. _____

Are you currently on any medications? Yes_____ No_____

If you answered yes please list each one and the reason for taking them._____

_____

Medical Background Continued:

Have you ever applied for SSI or Disability? If so, when and why? _____

_____

_____

_____

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New Beginnings MINISTRY

Legal History

Are you currently on probation/parole?_____
If yes, for what charge?_____

Provide name and phone number for probation/parole officer(s): _____

Do you have current charges pending? _____? What are the charges?_____
Where were the charges obtained? _____
When is your next court date/dates?_____
What is the nature of your current and past charges? _____

DATE	PLACE OF ARREST	NATURE OF CHARGES	ARRESTS	OUTCOME	TIME SERVED

Assess your level of commitment:

1. Are you a born again Christian? _____ If so, when did you have your experience? _____
2. Do you realize that you are coming into a heavily Christian Oriented program? _____
3. Do you believe the bible to be the infallible and inspired word of God? _____
4. Do you want to change the way you are living? _____
5. Are you coming here because **YOU** want to? _____
6. Are you committed to our 12-month discipleship ministry?_____
7. How you feel about participating in community living? _____
8. How do you feel about community living ?_____
9. How do you see our ministry enabling you to become self-sufficient?_____
10. How do you feel about any necessary rules and restrictions as a resident?_____

11. Please express as completely and honestly as you can, why you would like to be a resident at New Beginnings Ministry and how you feel you could benefit from being involved in our ministry: _____

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Agreement and contract for program and guidelines

New Beginnings ministry is a Christ Centered Ministry. There are requirements that must be met by each resident that wishes to enter and remain here at New Beginnings.

The Ministry is as follows and includes but is not limited to.

Please initial by each rule

_____ • 13 Church Services a week
7am- 9am
7pm- as late as 9pm (excluding most Fri evenings)
Depending on the nature of the week we may be in church more than 13 times a week, and more than 3 hrs in the evening.

_____ • Group counseling where a client will be asked and required to participate , share openly, and honestly in front of others

_____ • Inner Healing using biblical applications

_____ • Will not be able to act on ANY sexual tendencies, and displays of affection towards another client

*Note passing
*Touching
*Hugging
*Giving gifts of any kind
*3rd party messages
*You will guard yourself from isolation with the one that you are attracted to

_____ • NBM is an abstinence based program, smoke free/ nicotine free, and caffeine free

_____ • Tylenol and Advil are dispensed on a very limited bases. Medical condition will be accessed by the RN on duty.

_____ • Every other weekend (but not limited) is work Saturday and each client will be assigned a specific detail.

_____ • There are daily chores assigned to each resident that they are to be for.
(Failure to do so will result in restriction)

_____ _____
Client Signature Date

_____ _____
Staff Witness Date

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New Beginning MINISTRY

AGREEMENT NOT TO BE UNDER THE INFLUENCE OF ANY SUBSTANCE

I, _____understand that by entering New Beginnings Ministry that I am not under the influence of any mood or mind altering substances. NBM is not a detox center, or a rehabilitation program. We are simply a place to obtain healing and become the woman that God called you to be.

This will be accomplished only through the power of the Holy Spirit and a willingness to surrender and completely abandon yourself over to a loving God.

If you are willing to allow God take you through your past and bring healing to your life you are in the right place. By signing below you are saying yes to a journey of redemption and healing. It is only by the Blood of Jesus Christ that we are saved.

PLEASE SIGN BELOW INDICATING YOUR UNDERSTANDING OF THIS AGREEMENT:

_____

APPLICANT'S SIGNATURE DATE

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Please use this page for additional answers, questions, comments or concerns.

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Comprehensive Program Outline- ASAM Level III.I

Monday	7 am - 9 am	Mary Evans	Church service/ Gratisism
	10 am -12 pm	Dena Smolar	Therapeutic Group Counseling
	1 pm – 3 pm	Jerry Cox	Bible Study
	6:30 pm – 8 pm	Various ministers	Church service
Tuesday	7 am – 9 am	Lisa Gillespie(CAC-II, CCS) RN	Church service
	9am- 12 pm	Lisa Gillespie/ Stephanie Nash	Intake
	10 am – 12 pm	Mary Evans & Available Staff	Sociogram/ Regeneration/Inner Healing
	1 pm – 3 pm	Melissa Van Hall (CAC-I)	Pharmacology/ Trigger Identification (Relapse Prev)
	1pm- 3pm	Lisa Gillespie/ Stephanie Nash	Intake/ Orientation
	6:30 pm – 8 pm	Various Ministries	**EOW** Church Service
Wednesday	7 am - 9 am	Wendi Owens	Church service
	10 am -12 pm	Sue Rathbun**(Certified instructor)**	Anger Management/Co-Dependancy
	1 pm – 3 pm	Melinda Whitton	Processing Group
	5:15pm- 9:30pm	Free Chapel	Church
	6:30 pm – 8 pm	Sherry Lewis	NBM Church Graduates & Mothers
Thursday	7 am - 9 am	Alyssa O'Lone	Church
	9am – 12 am	Stephanie Nash/ Lisa Gillespie	Intake
	10 am -12 pm	Sharon Thompson	Inner Healing/ Relapse Prevention
	1 pm – 3 pm	Stephanie Nash	Celebrate Recovery
	1pm- 3pm	Stephanie Nash/ Lisa Gillespie	Intake
	6:30pm- 8pm	Various Ministers	Church Service
	6:30pm – 8 pm	Sharon Thompson CACII,CCS/ Stephanie **(Georgia certified Addiction Counselor)**	After care Relapse Prevention (E.O.W) Level 4 and up
Friday	7 am - 9am	Melissa Van Hall	Church Service
	10am- 12 pm	Lisa Gillespie, (CAC-II, CCS) RN	Inner Healing/ Relapse Prevention
	1pm-- 3pm	Stephanie Nash	Intro
	1 pm – 3pm	Lisa Gillespie (Certified in Nurturing Parenting Program)	Parenting Classes those who qualify
Saturday	8 am -10 pm	Various Staff	Church Service
	1pm- 5pm	**Visitation/ Work Saturday**	
	5pm- 6pm	**Sharon Thompson, Lisa Gillespie, and Melissa Van Hall**	**Group Family Recovery -EOW**
	7:00 pm – 8 pm	Various ministers	Church service

Sharon Thompson Director/ Founder of NBM: She oversees all instructors of NBM.
Sharon holds her CCS(Certified Clinical Supervisor of Georgia Addiction Association
CACII (Georgia Certified Addiction Counselor)

Relapse Prevention – Using secular teachings along with biblical principles to bring awareness to the clients. Each client will learn to apply accountability, identify triggers, and learn application of real life studies. Each client will learn the effects that the substances have had on their brain and why they are feeling the way they do in their body. By learning new coping skills they will be able to maintain a clean and sober living environment. Materials used from SAMHSA, The Big Book of Alcoholics Anonymous, Power Over Addiction, One Step with Jesus, and The Bible.

Pharmacology- Learning the withdrawals, side effects and recovery time from your drug of choice

Power Over Addiction – Learning about the effects that all substances have had on your brain, and body.

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Comprehensive Program Outline- ASAM Level III.I

Making Peace With Your Past – Learning how to forgive yourself from your sins as Jesus paid the price so we will not have to walk in condemnation.

Anger Management– Dealing with Anger using the Bible to help us identify our areas that need submission to Jesus and learn how to walk in His love and not SIN in our anger.

Co-Dependency – This class addresses the person who has let another person's behavior affect him/her, and who is obsessed with controlling that person's behavior. The client learns to recognize this behavior and learns how to deal with it, whether the behavior is in them or their significant others.

Six Elementary Teachings of Christ- To guide people to learn how to build a biblically functioning community as being followers of Jesus Christ.

Parenting Classes – Family nurturing God's way. (Georgia Certified Instructor approved by DFCS)

Family Recovery Group- Family Recovery is a class taught EOW on Saturday while families are visiting the women. This time serves as an opportunity to accelerate the reconciliation process of the woman and their loved ones in a safe Christian environment. Relationships are vital to a woman's recovery, which makes healing and forgiveness imperative. As families participate in Family Recovery, they begin to recognize the underlying causes of addiction, so they can break the cycle for generations to come. New Beginnings Ministry provides a place to manifest healing and move forward in the rebuilding of family relationships.

Introduction/Orientation- Review of NB rules and guidelines.

Sociogram- Sociogram serves as an opportunity for the women to learn how to speak accountability to each other and also gives them a chance to have truth spoken into them from their sisters. The women come into the Sociogram once a week prepared to speak 3 positive things and 3 negative things they see in their sister. The women speak what they see in each other in front of the entire body and staff and do so with the intent to build each other up, in love. Once every woman has spoken their votes, staff then ministers to each woman individually.

Inner Healing- Inner Healing is intensely spiritual and includes lessons and exercises around Rejection, Grieving, Forgiveness, Judgements, and Vows. This class is also very challenging for our women while they develop a true, deeper relationship with the Holy Spirit and find one's true self.

Bible Study- During Bible Study, the teacher will typically pick a topic from the Bible and share it with the class while asking questions and getting different opinions or thoughts on it. This serves as not only a chance to learn more about the Bible, but gives the women a chance to share their personal interpretations and meanings.

Intake- At time of entrance intake coordinator will go over initial orientation packet, rules, and daily schedule.

Celebrate Recovery- CR is a 12 step program that utilizes the 12 steps along with 12 biblical comparisons. This will enable each lady to admit that she is powerless over all of her addictions and life damaging behaviors. This is a journey unlike any other where you meet the Lord, yourself, and continue through healing.

HIV/ Blood Borne Pathogen EDU- 2 Hours of education will be taught to all clients once a month by Lisa Gillespie, RN.

ASAM Level 3.1 - Clinically Managed Low-Intensity Residential Services, this adolescent and adult level of care typically provides a 24 hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.

New Beginnings Ministry

FINANCIAL STATEMENT OF PERSON RESPONSIBLE FOR CLIENT PROGRAM FEE'S AND OTHER FEE'S

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Complete forms and mail or fax to the address and/or fax number above

Please understand that your acceptance into the New Beginnings Ministry requires a 12 month minimum commitment.

A. MONTHLY INCOME AND EXPENSES

Gross Income per Month:

1. Salary
   - Father: $_____
   - Mother: $_____
   - Child Support: $_____
   - AFDC: $_____
   - Soc. Security: $_____
   - Other_____ $_____
   - Subtotal Gross Income $_____

Less:

2. Church $_____
3. Charitable Giving $_____
4. Taxes:
   - Federal $_____
   - State $_____
   - Soc. Security $_____
   - Medicare $_____
   - Net Spendable Income: $

Avg. Monthly Expenses

5. Housing
   - Mortgage or Rent $_____
   - Insurance $_____
   - Property Taxes $_____
   - Electricity $_____
   - Gas $_____
   - Water $_____
   - Sanitation $_____
   - Telephone $_____
   - Maintenance $_____
   - Other _____ $_____
   - **Subtotal** $_____
6. Food $_____
7. Clothing $_____
8. **Automobile**
   - Owner of Vehicle _____
   - Payments $_____
   - Insurance $_____
   - Gas $_____
   - License/Taxes $_____
   - Maintenance $_____
   - Other_____ $_____
   - Subtotal Auto $_____

Avg. Monthly Expenses cont.

9. Insurance
   - *Medical $_____
   - Life $_____
   - Other $_____
   - Subtotal Insurance $_____
10. Court Ordered Payments
    - Alimony $_____
    - Child Support $_____
    - Subtotal C.O. Payments $_____
11. Debts (*Only include Amounts not listed elsewhere on this form)*
    - Credit Card Payments $_____
    - Store Credit Debts $_____
    - Bank Loans $_____
    - Finance Company Payments $_____
    - Other_____ $_____
    - Other_____ $_____
    - Other_____ $_____
    - Other_____ $_____
    - Subtotal Debts $_____
12. Entertainment
    - Eating Out $_____
    - Babysitter $_____
    - Activities $_____
    - Trips $_____
    - Subtotal Entertainment $_____
13. Medical Expenses
    - Doctor $_____
    - Dentist $_____
    - Drugs $_____
    - Other_____ $_____
    - Subtotal Medical expenses $_____
14. Investments
    - IRA/401K deductions $_____
    - Subtotal Investments $_____
    - Subtotal Investments $_____
15. Miscellaneous $_____
    (Beauty & Barber, Cosmetics Laundry, Cleaner, Other)

Total Expenses (Items 5 – 15) $

Rev 5/10/2017

New Beginnings Ministry

FINANCIAL STATEMENT OF PERSON RESPONSIBLE FOR CLIENT PROGRAM FEE'S AND OTHER FEES

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B. INCOME VS. EXPENSES:

Net Spendable Income	$_____
Less Total Expenses	$_____
(+ or_)	$

C. OVERDUE DEBTS: If you are behind in payments to any creditors, please indicate the amount you owe on the back of this sheet, and when you expect to be caught up.

D. TOTAL NUMBER LIVING IN THE HOME, PLUS OTHERS FOR WHOM YOU PROVIDE FINANCIAL SUPPORT:

I agree that the above information is an accurate account of my finances.

Signature: _____ **Date:**_____

There are limited indigent beds available and they are used for women who have no one and no financial means or assets.
The resident who is accepted as indigent will be expected to pay back any rent accrued since she entered, as well as any other money borrowed from New Beginnings. Once she begins work, New Beginnings accounting personnel will deduct monies owed from her paycheck until her account is paid.

I understand the above statement and agree to the terms.

Signature: _____ _____
Applicant Signature Date

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Martin, GA 30557
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New Beginnings Ministry

New Beginnings Client Progression

Remember your recovery is your responsibility, not ours!

Level I
Month 1-4
Entrance till the end of the 4th month

In order to advance to Level II. In the 1st 30 days you will focus on completion of orientation, life story, and 30 day goals. **CR Steps 1-4** must be **completed within the first 4 months** (must be in written form of what the step means to you, and how you are walking it out on a daily basis).
You will need to have **6** family counseling's (with the same person) and 1 individual family counseling (with the person's that will be taking you on your 7 hr pass), and you **cannot have any official restrictions before advancing to next level.**
PRIVILEGES: After 1st 30 days you will be eligible to receive 4 hour visitation EOW, and 5 minute phone call on the Thursday before visitation. Can begin working on community service after the 1st 60 days. Client can begin looking for work after completion of L1.

Caseworker discretion will be applied concerning privileges

Level II
Month 5-8
Beginning of 5th month till end of the 8th month

In order to advance to Level III you must complete CR Steps 5-8 (must be in written form of what the step means to you, and how you are walking it out on a daily basis). An opportunity for job placement, and finishing up community service hours. You will have completed your entire treatment plan that you have personally set for the first 8 months. You will have to have 8 family counseling's (with the same persons), 2 individual family counseling's, and must have 5 successful 6 ¾ hour passes before advancing to Level III. **Can't have any official restrictions before advancing to next level.**
Privileges: 6 ¾ hr pass on visitation Sat from 10:00 a.m-4:45 p.m, and 5 minute phone call EOW on Thursday prior to visitation Saturday.

Caseworker discretion will be applied concerning privileges

Level III
Months 9-11
Beginning of 9th month till the end of the 11th month

In order to advance to Level IV: Steps 9-12 of **CR** must be **completed** (must be in written form of what the step means to you, and how you are walking it out on a daily basis). Continue to work on established goals. If you are going to be leaving at the 12 months, get paper work for your exit plan at 10th month and begin working on it. Exit plan will have to be approved be a staff member. ***The exit plan is part of the curriculum. No exit plan NO certificate of completion.*** **Can't have any official restrictions before advancing to next level.**
Privileges: Every other weekend pass on Visitation weekend. Can begin serving as an SLT at the beginnings of 10th month if she would desire to. Has the option to go to GED classes, and DUI school after 10 months.

Caseworker discretion will be applied concerning privileges

Level IV
Beginnings of the 12th month until completion of

In Order to Graduate: You must complete all 12 steps of CR. You have turned in exit plan **completed** and approved by staff. At least 1 additional 1-on-1 family counseling to review exit plan before date of completion in order to complete. Attend after- care every other Thursday. **Can't have any official restrictions before advancing to next level.** ***No exit plan NO certificate of completion.*** **Privileges:** Every weekend pass (if it doesn't interfere with job). At time of completion you can go home for a 1 week vacation to see if that is where you want to live., can have phone, car(if approved) along with having a valid License and proof of insurance. Monday, Friday, and Saturday evenings off from church.

Caseworker discretion will be applied concerning privileges

Level V
Transition after Graduating program

Working on long- term goals, or exit plan. Maintain employment, and can attend college if desires to do so. Has to attend all Level V meetings. Can choose a house of worship off of the property if desires for Sun & Weds, plus Tuesday evening service on NBM property. Can have own transportation, or working towards obtaining a vehicle. Can have personal cell phone and live in graduate housing. All clients are subjected to random drug and nicotine screens
Additional Privileges and Responsibilities see graduate rules attached

If you are on a mandate longer than our 12 month program then you will remain at Level III until you are 2 months from completing your mandate

Director discretion can apply

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Ministry and Application Fees

Application Fee: $25.00
Ministry Fee: $500.00- 1500.00 Sliding scale based
(if there are children involved it will be an additional $100.00 per child)
Weekly Spending $15.00 per wk **(additional $5.00 per child)**
Medical Fee's: $200.00 **(if woman does not have insurance)**

Transportation Fees

Due to rising gas prices, we find it necessary to charge the following for Transportation:

Trips to Drs. (except for an emergency), Attorneys, and missed ride to work.

10.00 – Toccoa, Lavonia

15.00 – Hart, Royston, Habersham, Commerce

25.00 – Athens, Gainesville,

Transportation to DFACS, Probation, or Public Defender will not be charged.

I, _____ agree to pay New Beginnings Ministry

$_____ for my transportation to _____
(Destination)

in _____, to be paid Friday, _____.
(City) (Date)

_____
Witness

1258 Greater Hope Road
Off: 706-356-2113

Martin, GA 30557
Fax: 775-368-8260

newbeginningslife.net
SMILE: 706-356-2803

New Beginnings Ministry

What To Bring

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Complete forms and mail or fax to the address and/or fax number above

Please understand that your acceptance into the New Beginnings Ministry requires a 12 month minimum commitment.

What to bring to New Beginnings

- Moderate clothing (no tight clothes or anything that is revealing). See details below for quantity. If you do not have any we will help you attain some. **Shorts/Skirts must come 2 inches above the knee (no shorter), Must wear 2 tank tops never just 1, spaghetti strap tops are not considered as a tank top -EVER**
- Personal items – hair spray, shampoo, conditioner, soap, toothbrush, toothpaste, razors, lotion, laundry detergent, make-up, deodorant. **Please sure all items are alcohol-free.**
- Money for personal items ($60), and first month's rent ($500-1500- sliding scale). This money will be kept in the safe and allocated as necessary.
- Only store-bought Christian CD's allowed, not Christian entertainment. No other books or literature until client is in Level II. Non-Christian paraphernalia will be confiscated.
- Alarm clock with no radio; CD player with no radio. (Mandatory item) if you do not bring this item – you will be deducted $5 from your weekly budget of 15.00 until you have enough to purchase one.
- Bring a drinking cup with lid and at least one roll toilet paper.
- Identification: Driver's license, birth certificate, Social Security card, marriage license if married.
- Health/Medical Information: If you do not have test results for Hep A, B, and C; HIV, TB, and STD's, you will need $200 to have your physical which will include theses tests.
- You will also need a doctor's release ***in writing*** for any mental health and pain meds you are on.
- Proof of income if you receive a check: Medicare, SSI, disability, etc.

Inventory of Clothes and Items Allowed

This amount cannot be increased, but substitutions can be made while in Dorm I or II. Please initial each item.

1) Maximum 10 bottoms (slacks, jeans etc) _____
2) A dress (optional) _____
3) Maximum 15 shirts/blouses **(5 of the 15 have to be work shirts)** _____
4) Maximum 5 T-Shirts or Tank tops **(must wear 2 tank tops never just 1, cannot wear a spaghetti strap top as a tank top** _____
5) Maximum 1 heavy coat _____
6) Maximum 1 light jacket **(Work Jacket)** _____
7) Maximum 7 pair of socks _____
8) Maximum 10 pair underwear (no thongs) _____
9) Maximum 3 pair pajamas (modest) _____
10) 1 Bathrobe _____
11) Maximum 5 bras _____
12) Maximum 10 pair shoes _____

Room Items

1) Maximum 3 family pictures framed _____
2) Maximum 1 stuffed animal _____
3) Maximum 1 set of twin sheets, 1 comforter, 2 blankets, 2 pillows, 2 bath towels, washcloths _____
4) Hair dryer, straightener, curling iron and any other hair accessories.

Family will stay until all has been counted and if more has been brought than allowed; your family will take it back with them. Anything you forgot will have to be gotten from the Thrift Store or on Wal-Mart night. Cost cannot exceed your $15 weekly allowance. No one can mail it to u.

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RULES AND GUIDELINES

Please read over the following Rules and Guidelines and initial each item stating that you understand and are willing to comply with the New Beginnings Ministry's expectations.

Please understand that your acceptance into the New Beginnings Ministry requires a 12 month minimum commitment.

Medical Information

1. _____Resident must submit to a drug test upon entrance. If anything shows up on the test, resident understands that entrance could be denied at the discretion of the Director.
2. _____Resident will be required to provide us with medical documentation of Hepatitis A, B, and C, HIV, STDs, and TB test results before entrance will be possible or $200 for medical plus a signed release form stating that if TB or HIV are positive Resident will be released from the ministry.
3. _____Resident will be responsible for all medical and dental bills while in the ministry.
4. _____Resident will not be allowed dentist visits for three months unless it is an absolute emergency such as an extraction. Resident must have money up front for care.
5. _____Dr.'s appointments will be made only for extreme discomfort or sickness (flu, high blood pressure, unusual pain, etc.). If resident insists on a visit for any other reason, she will need to pay for transportation.
6. _____ If Resident takes any pain medication for any reason (prescribed by a physician or over the counter medication) the following may be implemented: Resident will go to bed for 24 hours; Resident will lose her next Wal-Mart.
7. _____If Resident requests to lay down due to any sickness, ailment etc, Resident may be subject to losing a privilege such as Wal-Mart, Pass etc. This is at NB Staff Discretion.

Financial Information

8. _____If Resident is discharged or leaves the ministry for any reason, she is charged 1 month's rent for the entire month. If there is money in her savings, it will be applied to her rent that is owed.
9. _____Resident must give a 28 day notice, to the day she leaves, to either the Director or Assistant Director, or she will owe one month's rent.
10. _____If reason for leaving involves an unforeseen hardship situation; this is taken into consideration by the Director.
11. _____Resident has the opportunity to work off the property after Level I is completed. Even with the completion of the above, it is upon the Director's discretion to decide if resident is ready to leave the property and procure employment.- See Work related rules for details.
12. _____The ministry will handle Resident's income. A savings envelope will be kept in the safe in her name with a ledger sheet showing income and outgo.
13. _____Resident will be taught budgeting beginning with Tithe, $15.00 a week for expenses, which include personal items, and her weekly room and board. If extra trips to the doctor are made (except for an emergency) or you miss your ride to work, you will be expected to pay extra for your transportation.
14. _____Upon graduating or leaving the property, Resident's bill must be paid in full. If there is any money owed the ministry, it will be deducted from her savings.
15. _____After ten (10) months in the ministry, Resident will be allowed to sign up for GED classes if needed. Resident will attend night classes after work unless family is willing to pay all expenses while she is in the ministry, then she will be allowed to attend day classes.
16. _____While the resident resides in Dorm 1, Monies dispensed to them for weekly Walmart will be given to the Dorm 1 Mother when the resident is going to have the money for more than a few hours. Example: Visitation weekends the Dorm 1 Mother will be given Dorm 1 residents money in individual envelopes and it will be given to the residents on Saturday morning before going to Walmart.

Contacts

17. _____No contact with anyone unless approved by the Director or Asst. Director. No telephone calls except at appointed times. Resident will be allowed one five-minute call on Visitation weekend after she has been here for one month. No one is allowed incoming calls except in the case of an emergency.
18. _____No contact with anyone except for an emergency. Family members will have a number where Resident can be reached in case of emergency.
19. _____Once Resident begins work, she will not make contact with anyone on or off the job by telephone or any other method without the consent of the Director or Asst. Director.
20. _____Resident will be transported to and from work by New Beginnings.

Visitors

21. _____We are a SMOKE FREE FACILITY, therefore, there will be no smoking on the property or in visitor vehicles at any time.
22. _____After Resident has been here for one month, family members may attend open Church services on Sunday, Monday, and Tuesday evenings beginning at 6:30 pm. Visitors may arrive 15 minutes before Church begins and stay 15 minutes afterwards. Visitor must have already been to visit the resident at NB before attending church. This may be changed at the discretion of the director. Please check monthly calendar.
23. _____All visitors must be willing to sign a consent form permitting a drug test that could be administered at any given time.
24. _____No visitors are allowed on the property without prior approval of the Director. Family members and visitors are subject to random drug and alcohol tests. They will be asked to sign a consent form agreeing to this procedure when they visit Residents. If family member is on medication, they may be asked to bring their prescribed medication in the original container.
25. _____The first four-hour visitation is earned on the first Saturday after the resident's first 30 days. This visitation will be with immediate family only, on the property on Saturday from 1:00 p.m. to 4:45 p.m. provided the resident has had no restrictions.
26. _____All visits will be in Dorm II. Residents are not allowed to go to the visitor's auto when they leave.
27. _____Non-family female friends may participate in visitation on the first Saturday after the anniversary of the Resident's **fourth** month in the ministry at the Director's discretion.
28. _____Children of Residents are allowed to spend the night on Friday on the first pass weekend of the month after the Resident has been here for **one** month. This will be posted in advance. The children may arrive at 5:00 p.m. Friday and will depart by 4:45 p.m. on Saturday evening. No boys 13 years or older are allowed to spend the night (this is self explanatory. Any questions, please talk to Sharon).
29. _____No phone calls are to be made to the Director (Sharon Thompson) after 9 pm unless there is a catastrophe (fire, accident, etc.) or a death in the family. Please be sure your family and immediate contacts are aware of this.
30. _____Visitors are not allowed to visit with other residents or their visitors. If the resident or the visitors are observed doing this – the visitors may be asked to leave and the visit immediately ended and the resident may loss the next visit.

Mail

31. _____Incoming and outgoing mail will be read. Under no circumstances may Resident mail letters from other locations. Letter writing may occur on Resident's ***free night only***. They must given NB staff in your dorm (transition homes must place letters on staff table in dorm 2) She may write family members and only female non-family members at the Director's discretion. If you are caught writing letters at any other time, you will lose your letter writing privileges.
32. _____Resident may not write or receive mail from significant others to whom she is not married until she has been in the ministry for twelve months. She may only write them then if they have been attending church for four consecutive Sundays and are willing to consent to a drug test. If they are drug-tested and they don't pass, Resident will not have anything else to do with them while she is in the ministry. Common law marriage is not recognized in the state of Georgia.

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Appearance

33. _____Moderate dress is required. No stomach, thighs or cleavage will be shown at any time. Shorts, skirts and dresses should be no more than two inches above the knee. Lady-like underwear is to be worn; no thongs.
34. _____ **Must wear 2 tank tops at all times (never just 1), Spaghetti strap tops are NOT considered as a tank top.**
35. _____ No 3" stiletto heels are to be worn with shorts, leggings, or short skirts.
36. _____ Nothing is to be borrowed from another resident unless approved by Staff in writing.
37. _____The only piercings allowed with jewelry are 2 earrings per ear. No other piercings can have jewelry in them, i.e., tongue, nose, eyebrows, belly button rings, etc.
38. _____No dark lipsticks or nail polish allowed (Gothic dark reds, maroon, black, browns). If there is a question, please get approval from the director.
39. _____Upon entrance and while in the ministry, hair will not be dyed black or any other unnatural colors. If it is, you will be asked to dye it to a natural color. If there is a question, please ask staff.
40. _____Upon entrance and during your length of stay at the ministry –until you graduate, no hair weaves or extensions will be allowed.
41. _____No makeup will be worn for the first 30 days except on Sunday am and pm for church and Wednesday pm for church.
42. _____No sunglasses are to be worn in the buildings or in the vans.
43. _____No leggings, jeggings, spandex, as outerwear. They may be worn under pants to keep warm, or long shirts (2 inches above the knee).

Chores

44. _____Everyone will be assigned chores in their room and around the property when they enter the ministry. All chores will be done and checked each day by the Room Mothers and each day by Dorm Mothers.
45. _____Resident's bed must be made and room cleaned first thing every morning and will be checked by Room Mother and Dorm mother randomly.
46. _____Everyone will be assigned a wash day. Please wash only when scheduled unless you have permission from Dorm Mom. No washing is to begin before 6:00 a.m. and it must be completed 30 minutes after church. Do your own laundry only and use only cold water.
47. _____Each Resident may be assigned Kitchen duty. Responsibility will be to prep, cook, and clean-up.
48. _____We will all eat and fellowship together from 5:00 p.m. to 6:00 p.m. each night.

In General

49. _____If any information on Resident's application or interview is falsified or omitted, resident may be subject to immediate dismissal from the ministry.
50. _____Prayer time with roommates occurs each night 30 minutes after church and then lights out.
51. _____No visiting a graduate's home, unless Melissa Van Hall has given you permission, and the graduate is at home. If you do, you will face restriction.
52. _____Residents are not allowed to enter the office without former authorization. You are never allowed to be in the office alone. You must knock before entering and a staff member must be present.
53. _____Residents are required to attend Praise and Worship along with Prayer every morning at 7:00 a.m. There will also be required Bible Studies and meetings with NB staff member at any given time during the day. Church services are every night at 6:30 p.m., except for free night, at the discretion of the Director.
54. If you miss a church service you are required to attend, there will be no Wal-Mart that week.
55. _____Respect one another **AT ALL TIMES**, particularly involving privacy and during quiet time. If you have a problem with any lady in the home, first go to the person and calmly explain your concern. If the matter is left unresolved, discuss the situation with your Dorm Mom or NB staff member. You can be dismissed for gossip. ***Gossip** - 1 a person who habitually reveals personal or sensational facts about others 2 a: rumor or report of an intimate nature b: a chatty talk c: the subject matter of gossip.* See House Rule #6.
56. _____Upon your departure from New Beginnings, personal belongings must be removed. New Beginnings will not be held responsible for any items left after you physically leave the property.
57. _____NO DRUGS, CIGARETTES, OR ALCOHOL ON OR OFF THE PROPERTY WILL BE TOLERATED. There will be random drug/alcohol/nicotine testing.

58. _____ABSOLUTELY NO FOUL LANGUAGE WILL BE TOLERATED AT ANY TIME, ANY PLACE.
59. _____Residents are not allowed to have cell phones at ANY TIME.
60. _____No copied CD's from home, friends, etc. are allowed unless they are burned by the ministry staff. Only store bought recorded Christian CD's will be acceptable after staff approval.
61. _____No witchcraft/satanic/demonic conversations are to take place with any of the residents. Speak only to Staff concerning these matters if you have a question or concern.
62. _____The practice of demonic activity (Ouija boards, tarot cards, etc.) will result in confiscation of all items connected with it and destroyed. This *IS* grounds for dismissal.
63. _____No sharing any items between residents of *ANY KIND*. See staff for any need you may have.
64. _____Residents are not allowed, at any time of day or night, to go across the street to the Director's home or the Assistant Director's home without prior permission from staff member on duty. Remember the chain of command for problems: Room Mom, dorm Mom, Staff member in charge, Front Office, Assistant Director, Director. There will be consequences if this is not followed.
65. _____No alarm clock with a radio, no CD player with a radio, no radio of any kind. If you are in a Transition House, all residents living in that house must have graduate status in order to have a radio.
66. _____No passing notes or communicating with other residents by writing of any kind. As of 10/13/16
67. _____No allowing residents to borrow your notebooks, or any other books without prior permission from NB staff.
68. _____Residents may not give nor receive any ITEM to another resident or family members; i.e. clothing shoes, make-up, curling iron. Jewelry etc without written permission from NB staff member
69. NO ironing is permitted in any of the dorm rooms. If you'd like to iron an article of clothing please be sure to do so in the designated laundry room.

Failure to abide by these rules will result in consequences, including, but not limited to the following:

2 weeks Restriction from House Privileges
Time in Prayer
Extra Chores
Loss of Pass/Visitation
Removal from job
Assignment involving Biblical Scriptures
Loss of letter writing and receiving
Restriction of phone calls/Wal-Mart
Public apology
Dismissal from NB ministry
Entrance date changed to day 1

New Beginnings Ministry

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HOUSE RULES

Please read over the following Rules and Guidelines and initial each item stating that you understand and are willing to comply with the Ministry's expectations.

Personal

1. _____ Everyone is to have their beds made, rooms cleaned, and be showered and/or dressed by **6:20 am**. (Residents who work have first priority for the shower.) Make sure your room is ready for inspection by **6:25 am**. BRING DOWN ALL ITEMS YOU WILL NEED FOR THE DAY! You will not be allowed to go back upstairs.
2. _____ The only exception to rule #1 is if we are working in the yards. On these days you may take your showers afterwards.
3. _____ Showers MUST be taken and your clothes changed *daily.*
4. _____ If you have a roommate who works, you need to get with her in advance and make arrangements as to how you will share the area.
5. _____You must speak English at all times. No foreign languages are allowed at any time. If family member does not speak English, you need to speak with one of the Directors about this.
6. _____If you have a problem with another resident or staff member, first go to that person and try to resolve the issue. If it cannot be resolved, remember the chain of command: 1st Room Mom (only if it involves someone in your room); 2nd Dorm Mom/NB staff Member; and 3rd Asst. Director/Director.
   ***Gossip** - 1 a person who habitually reveals personal or sensational facts about others 2 a: rumor or report of an intimate nature b: a chatty talk c: the subject matter of gossip. Refer to #51 in Rules & Guidelines.*
7. _____ No one is to go into anyone else's room. If you are caught in someone else's room, you are subject to dismissal from the ministry. All conversations are to take place in the Dining Hall before you go upstairs.
8. _____Residents are not allowed to be in the bathroom while another resident is already in there- no exceptions. This applies to all homes on NB property except DORM 2 since DORM 2's bathroom is a community bathroom for the entire dorm.
9. _____ No resident or graduate is allowed to go to any Dorm or Trailer other than the one she lives in without permission.
10. _____ Do not touch thermostats, EVER!
11. _____ No tacks, nails, tape, or any adhesive to be used on walls to hang anything, EVER!
12. _____ When you ride in any of the vehicles, it is your responsibility to remove everything you put in that vehicle.
13. _____ If you want to get someone's attention, wait until you get near them. **DO NOT** yell across the yard. Some of us do not appreciate being yelled at for any reason.
14. _____ There is no sleeping allowed except from 30 min. after church until 6:00 a.m. If you are caught sleeping during the day, you will be disciplined.
15. _____ There is no getting up until 4:30 AM and no talking until 5:30 AM. (Applies to working residents only)
16. _____Dorm I & II residents are not allowed to keep their razors. After use, return it to your Dorm Mom. Razors will be handed out on Wednesdays and Saturdays 30 min. earlier in the am.
17. _____ Nail painting, hair coloring, letter writing, etc. can only be done on Friday night during free time. TV only to be watched Friday night from 6 – 10 pm and on Visitation Saturday from 1 – 5 pm.
18. _____ There will be absolutely no hair cutting in dorms by anyone, either staff or residents. This effective immediately. There will be no scissors given to anyone for any excuse, only those approved by dorm mother.
19. No changing bed assignments before getting dorm mother's approval (you cannot go from top bunk to bottom bunk etc)

Church

20. _____ You are to arrive at all Church functions 5 minutes early.
21. _____ Praise, Worship, and Prayer occur every morning at 7:00 a.m. except for Saturday and Sunday when it is subject to change. **This is mandatory**. Be in the church by 6:30 am. **DO NOT BE LATE!** If you are, you will have to be in church at 6:15 am the next morning.
22. _____ No one is allowed to touch the computer in the church without permission from staff. You will be restricted.
23. _____ Please take care of personal needs (such as the bathroom) before services and Bible Studies. Walking back and forth is distracting to others who are worshipping and it disturbs the Holy Spirit as He works in hearts. (If you must go to the bathroom, get permission from a staff member.)
24. _____NO TALKING ONCE YOU ENTER CHURCH! Please do this before or after service. If you are caught talking you will lose 1 month visitation- effective 8/28/2013
25. _____You are not allowed to scotch tape anything to dressers or hang stuff on dresser drawers.

26. _____Breaking rules in common areas may result in the entire group/dorm being punished ~ loss of WalMart.
27. _____ Visitors are not allowed to walk residents past the doors at Free Chapel. No talking with visitors once music starts at church.

Classes/Counseling

28. _____Do not approach staff table during meal times while staff is eating. Submit everything in writing.
29. _____Everyone is assigned a personal NB staff member. Please address all issues, all questions, concerns and problems with them by written request.

Mealtime

30. _____ If you live in a Transition House, you must get with staff member.
31. _____ When you finish eating, you are to remove your own glass from the table and clean the area.
32. _____ Always clean things up if you spill something. Practice showing respect for others. No one wants to live in a pigsty.
33. _____ Water is allowed upstairs in the bedrooms of the Dorms
34. _____ Everyone will eat whatever is prepared for supper each night. No one is allowed in the kitchen area during supper.
35. _____ Only kitchen staff and assigned residents are allowed in kitchen during meal prep times at Dorm 2.

Laundry

36. _____ Everyone is scheduled a wash day. You are only allowed to wash on your scheduled day.
37. _____ Use of hot or warm water is prohibited and if you do so, you will lose washing privileges for one week.
38. _____ There is to be no washing or drying after 9:15p.m.
39. _____ No one is allowed upstairs before 4:00pm for any reason, not even to do laundry. All laundry as well as other items needed for the day are to be brought downstairs in the morning by 6:30am. Please place laundry baskets and detergent in the laundry room before am church service.

Chores

40. _____ Everyone is assigned a chore. Chores are to be properly handled so that they remain done at all times. If your chore is the refrigerators, you should keep it clean inside and out and rotate contents. Chores are randomly checked. This means that your chore could be checked at any given time.
41. _____ If your chore isn't done properly, you will be restricted on an individual basis.
42. _____ Chores must be done every day including the weekends and on Sundays.
43. _____ Chore time is from 3:30pm to 4:00pm Monday – Saturday. Chores must be worked on this entire time.. You are not allowed to sit down, chat, eat, go upstairs, roam the property, run, or just stand around during this time. It is designated chore time and that is to take place at this time. On Friday afternoons make sure your chore is done and done properly before you jump in the money line.

Meds/Illness

44. _____ Before you ask for meds, you need to use alternative methods to eliminate your pain. This should be covered within your recovery goals. If you take meds you MAY lose your next Wal-Mart privilege. This is at the discretion of the NB

NEW BEGINNING CHURCH RULES

45. ____ No gum, candy or drinks allowed in church.
46. ____ NO TALKING ONCE YOU ENTER CHURCH! Please do this before or after service. If you are caught talking you will lose 1 month visitation- effective 8/28/2013
47. ____ Visitation with your family is 15 minutes before and 15 minutes after service.
48. ____ *Everything* that is given to you by your family needs to be checked by staff before you can receive it.
49. ____ No family pictures, letters, bible bags or purses. Bring only Bible, notebooks and pen.
50. ____ Be in church at least 5 min. before all services.
51. ____ Journaling can be done 15 minutes before service begins. *No* journaling during service.

SHOPPING RULES

1. _____Stay with partner at all times
2. _____No purse
3. _____Do not talk or wave to anyone (if you see family or old friends, tell a staff member immediately)
4. _____Return to the van at appointed time.
5. _____Merchandise/Receipts must be presented to staff along with any unspent money you may have. All must add up. If you work a job you can keep $5 on you; if you don't you can keep less than $1 on you.
6. _____All items must be in original bags.
7. _____Only $5 will be given if you are on restriction unless changed by the Director.
8. _____If extra money was given, it must be accounted for what you said was needed to be bought.

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OFF PROPERTY CHURCH RULES

1. _____Stay with and sit with group
2. _____Do not talk or wave to anyone. If you see family or old friends, tell a staff member immediately. Family can come to visit you at off property church after 30 days.
3. _____Family has to be at Free Chapel by 8:30 am on Sunday and 6:30 on Wednesday.
4. _____Visitors are not allowed to walk residents past the doors at Free Chapel. No talking with visitors once music starts at church.
5. _____You cannot go into the Bookstore. You are allowed only if you are a graduate or on pass.
6. _____You cannot go to the bathroom during service!!!

ITEMS/GIFTS FROM FAMILY

1. _____Residents will no longer be able to receive items from family by mail or at visitation. This is an attempt to teach residents financial responsibility and decrease amount of items stored in their rooms. We have limited space and some of our residents have enormous amounts of food brought in by their family.
2. _____Residents will no longer be able to receive any articles of clothing from family even when they have outgrown what they have. We have a thrift store and they can be responsible to get items from there as they are needed.
3. _____We will make an exception at birthdays and Christmas. They will be allowed to receive one small box not to exceed $25 in value.
4. _____We will also make an exception regarding resident meds with staff approval.
5. _____We will still allow families to bring food for residents and family during visitation, but no food will be allowed to remain unless there is enough for 60 other people.
6. _____Residents will not be allowed to bring anything back from pass valued greater than $15 and must have receipts.

If you have any questions, please contact the office at 706-356-2113 during our regular office hours 8am-4pm.
We thank you for your cooperation in this matter.

Signed: _____ Date: _____