

Hope House

Resident Agreement

I, _____, am a resident of Hope House, and I understand the policies, rules, and responsibilities that I have while living on the premises of Hope House.

I have read and understand the Resident Handbook. I have completed the admission application and signed it. I will cooperate with the staff for my betterment. I understand that if I do not cooperate with those in authority over me, in accordance with all rules and policies of Hope House and the Holy Bible, I may be dismissed from the program.

I understand that the counselors, staff, and volunteers of Hope House are not professional counselors and are not licensed or certified by any state or federal agency. These people are committed Christians who will share their honest opinions, experiences, advice, and counsel based on the principles found in the Holy Bible.

I understand that a personal check of my belongings will be made when I enter my living area. I understand there will be random inspections of my living area and belongings. When I leave, my personal belongings will be checked again.

I understand that if I am dismissed from or leave the program, I must take all of my personal belongings with me. Any personal items left behind will become the property of Hope House. I do not hold Hope House responsible for my personal belongings.

I understand that I am here at my own risk, and Hope House is not liable for my well-being or personal injury while I am in the program. I will be held responsible for all medical expenses I incur while in the program.

I understand the use of tobacco, drugs, and alcohol will not be allowed. Use of drugs or alcohol will result in my immediate dismissal from the program and removal from the property of Hope House.

I understand my children are my responsibility, and I will be held accountable for their behavior. Hope House is not liable for their care, well-being, or injury.

It is further understood that if I do not cooperate with the rules and regulations of Hope House, I can may be asked to leave the program.

Applicant's Signature: _____ Date: _____

Program Director: _____ Date: _____

For office use only

Entry Date: _____ Dismissal Date: _____