

September 30, 2009

Dear Friend:

Thank you for your interest in the Home of Grace, a Christian addiction recovery program. Since 1965, thousands of men and women have found freedom from addiction here.

Located on the Mississippi Gulf Coast, the Home of Grace offers a faith based alternative to conventional alcohol and drug treatment. Our program offers a strong track record for success. Consisting of classroom education, individual and group counseling, life-skills training, chapels and an on-campus work program, the Home of Grace meets the needs of the whole person (spiritually, physically, mentally and socially).

Enclosed you will find additional information about the Home of Grace. We encourage you to take a moment and read this packet completely. If you have questions, our Admissions Office is open Monday through Friday from 8am until 5pm.

You can contact us at admissions@homeofgrace.org or by calling 228-826-5283.

Sincerely,

Admissions Department

What is the Home of Grace?

The Home of Grace is a Christian faith based addiction recovery program.

Since 1965, the HOME OF GRACE has helped more than 35,000 individuals find freedom from addictions through a personal relationship with Jesus Christ.

The HOME OF GRACE creates an environment for spiritual, emotional and physical recovery for those in crisis of addictions, domestic violence. We celebrate as we witness lives changed, hope restored, careers saved and families reconciled.

A dedicated team of teachers, compassionate counselors, office personnel and volunteers take their commitments seriously to love, serve and guide men and women. This is accomplished through in-depth teaching and training (Bible-based curriculum), counseling (individual and group), nightly chapel services, work program, recreational and fitness activities and adult education classes.

We celebrate the admission of every man, woman and child to our program. We recognize it as an opportunity to put an end to the tragic cycles of drugs, alcohol, abuse, dysfunction and pain.

The Home of Grace is a non-profit organization. We do not receive state or federal funds. God has graciously provided for this faith based ministry through the generosity of individuals, churches and civic groups. It is governed by a board of directors made up of local Christian business men and women. The Home of Grace is a member of the Evangelical Council of Financial Accountability (a national organization that holds us accountable to the highest financial standards), United Way of Jackson and George Counties, Christian Addiction Rehabilitation Association and Association of Gospel Rescue Missions.

We provide Christ-centered help to those in addictive lifestyles.

Why should you consider coming to the Home of Grace?

- You will identify and understand the core issues of your problem.
- You will learn how to effectively deal with these issues.
- You will develop the tools needed to live and function in a structured new life.
- It is a holy place "Where Miracles Happen" every day.
- It is about real change which has to come from within.
- It is about renewal, transformation of mind, character and desires.
- It is about making you a "Trophy of God's Grace!"
- It is a successful ministry based on more than 45 years of experience.
- It is a home of God's grace.

It is "The best quality and the most inexpensive treatment I have ever been to."
RW, Home of Grace Alumni

The Home of Grace is "The greatest mission enterprise in America."
Pastor Wayne Myers
Ramsay Hills Baptist Church

Where is the Home of Grace Located?

Men's Facility:

I-10 East from New Orleans:

Exit 57 Hwy 57 – Vancleave

Take Hwy 57 North toward Vancleave 6.8 Miles.

Turn Left onto Jim Ramsey Rd and travel 1.8 Miles.

Turn Right onto Jericho Rd, follow to the Home of Grace for Men – Admissions Office.

I-10 West from Mobile:

Exit 61 Gautier – Vancleave

Take Right onto Gautier – Vancleave Rd and travel 4.7 Miles.

Turn Right onto Hwy 57 North and travel 3.1 Miles.

Turn Left onto Jim Ramsey Rd and travel 1.8 Miles.

Turn Right onto Jericho Rd, follow to the Home of Grace for Men – Admissions Office.

Home of Grace for Men is located in VANCLEAVE, MISSISSIPPI.

Women's Facility:

Take Exit 61 Gautier – Vancleave

Turn North onto Gautier – Vancleave Rd and travel 0.2 Miles.

Turn Right onto Frontage Rd and travel 1.6 Miles.

Turn Left onto Martin Bluff Rd and travel 0.7 Miles.

Turn Left onto Hastings Rd and travel 0.9 Miles.

Turn Left onto Home of Grace Dr, follow to the Home of Grace for Women.

Home of Grace for Women is located in GAUTIER, MISSISSIPPI.

How long is the program?

This is a **three month residential program**. An **AfterCare** program is available for graduates.

What about Medical Care?

- We are not a medical facility.
- Narcotics, barbiturates, anti-depressants, psychotropic medications or any other potentially addictive medications ARE NOT ALLOWED.
- All approved medications must be turned in upon admission.
- Medical or dental matters must be taken care of prior to enrollment. If a major medical condition occurs during the client's program, the client will be asked to postpone his/her program and return after the medical condition has stabilized.
- Medical assistance is provided by our Volunteer Medical Personnel on campus for minor ailments and is free of charge. The client is responsible for all costs of Off-campus emergency medical care.

What is the cost?

The Home of Grace is a non-profit organization that has been faithfully serving men, women and children since 1965. Because of sponsorship contributions given by individuals, churches and other organizations we can offer these fees and facilitating payment options:

- **The total program cost is \$ 3,600.**
 - Due before/at the time of admission.

What forms of payment are accepted?

We accept the following forms of payment: Credit Card, Money Order and Check.

What is needed prior to Admission?

Medical requirements:

- **TEST REQUIREMENTS:** The following tests may be completed at your local health department or by a private physician. You **MUST** be tested prior to admission for the following:
 - **Men: HIV and TB**
 - **Women: HIV, TB and Pregnancy**
 - Test results must be received by the Home of Grace prior to Admission
- Medical and dental needs must be taken care of prior to entering the program.

How to apply for Admission?

Information Package and Application for Admissions is available by: web, mail or pickup.

Please read the Information & Pre-assessment package carefully before you apply.

- Clients with legal obligations must be handled by a legal representative.
- Clients with no legal obligations can be handled by the client or a representative.
- Make sure you are fully informed about our:
 - **Type of program**
 - **Policies: Medical and Legal**
 - **Financial obligations: must be fulfilled as agreed upon the application.**
- All court dates and legal obligations must be postponed until after graduation.
- Complete and fax the Application for Admission.
 - **Admissions Office Confidential Fax#: 228-826-1663**
 - **Completed application and ALL required documentation must be received by the Admissions Office prior to admit.**
 - **Medical test results must be received by Admissions prior to admission.**
 - **Indigent applicants must fax the Application for Admission, Indigent Application and all appropriate documentation prior to admission.**
 - **Legal representative must attach the following documents:**
 - Legal status while in the program
 - All Orders pertaining to the Home of Grace and Client.
- Send completed application and Cover Sheet.
 - **Make sure to include your Name, Fax and Telephone number on the cover sheet.**

Your Application will be processed immediately by the Admissions Officer and you will be notified by fax of the results.

If Approved:

You will be provided a date and time for admission. You must confirm your appointment (bed reservation) within two (2) business days. Any appointment not confirmed with-in two (2) business days will be cancelled and re-assigned.

Driver's License or Picture ID must be presented at admission.

If paying by Credit Card, Credit Card must be presented at time of admission.

Women's Facility

What is the Daily Schedule like?

Daily: Morning Devotions, Work Detail and Evening Chapel Services

Monday - Friday: Scheduled Counseling (Individual & Group), Classes 9:00 – 3:00 p.m.

(Adult Education & Life Skills Class on Tuesday), and Recreational Activities

Saturday: Recreation, Evening Chapel Service, & Visitation on First Saturday of the month.

Sunday AM: Attend local community church.

TV: Approved videos (Christian based and PG rated movies)

Recreational Activities: Basketball, Volleyball, Exercise Equipment, Choir & Interpretive Dance

All Clients are expected to comply with all program rules, procedures and participate in all the daily schedule of activities including the work program (maintenance of grounds, buildings, etc.)

Will I be allowed visitors?

Visitation is for family ONLY: spouse, parents, grandparents, brothers, sisters, children, grandchildren. Not more than 5 adult visitors on first Saturday of each month. (See Visitor's List)

- Relationship to client will be verified to determine eligibility or approval.
- Ministerial visits are scheduled weekdays by appointment only with counselor approval.

Visitation is the **First Saturday** of the month from **11:30pm to 3:30pm**. The exact date of client's first visitation will be provided at admission.

Procedures: (Please comply with visitation rules.)

- Please park and visit in the designated areas. Leave promptly at 3:30 pm.
- Please leave cell phones in vehicle. (Phones not allowed in visitation areas.)
- Do not enter the client's living areas.
- Do not bring any prohibited items on campus.
- Animals NOT ALLOWED at visitation.
- **All medications must** be turned in to Staff on Duty.
- Only those eligible will be allowed to visit.
- We reserve the right to restrict visitation on an individual basis.
- We reserve the right to search and/or drug test any and all visitors.
- Maximum of five (5) adults per visit. Additional minor children are welcome. (See approved visitor's list.)

What is the Telephone Policy?

- Clients are scheduled one 15 minute phone call per week.
- Clients cannot receive incoming calls.

Is there a Tobacco Policy?

Yes. Tobacco products allowed in the designated area ONLY! You will be strongly encouraged to quit! Nicotine patches, gum and other similar products ARE PERMITTED.

Can transportation arrangements be made?

Prior to admission: For those who travel a great distance, transportation arrangements can be made to have the client picked up at the Greyhound Bus Station, Biloxi, MS; the Mobile, AL International Airport, Trent Lott International Airport; or Gulfport-Biloxi Regional Airport.

What items do I need to bring?

Note: Due to limited space, all clothing & shoes must fit into 3 ft. square container. Not including linens, all other items must fit into additional 3 ft. square container.

- **Identification documents:** Social Security Card, Driver's License or Picture ID
- **Linens:** Twin size sheets, blanket, pillow, towels, washcloths, (mattress pad, bedside rug optional)
- **Personal items:** shampoo, soap, toothpaste, mouthwash (alcohol free), tampons, laundry detergent, quarters for coin operated laundry machines, laundry basket, umbrella, etc.
- **Classroom Supplies:** Bible, pen, highlighter, notebook, three-prong pocket folder, index cards, 1" book rings, envelopes and stamps
- **Clothing:** Women are required to wear women's clothing. Modest, casual clothing for classroom (no shorts), casual/dressy for chapel services. Bring appropriate clothing and shoes for recreation and work program. Shorts & dresses no shorter than four inches above the knee. No tiny-strap or low-cut shirts, (shirt straps at least three inches wide). One-piece swimsuit.
- **Locked Valuables:** Need small padlock (**with 2 keys**) for bedside locker.
- **Optional Items to Bring:** Snacks and soft drinks (vending machines on campus), phone card, recreation equipment, board games, PG movies, Christian books, CD player (**no radio**), Christian CD's (no burned CD's).

What items are PROHIBITED?

- Drugs, alcohol, non-approved medication. All over-the-counter medication, cigarettes, etc. must be turned into staff with unbroken seals.
- Food & toiletry items can not be received through mail. (Limited store runs are provided.)
- Anything containing alcohol: mouthwash, cologne, hairspray etc.
- Pocket knife or any item that could be considered a weapon.
- Camera, Cell Phone, Computer, Radio, Musical Instrument, Hotplate, Toaster, etc.
- Non-approved secular books, magazines and/or music, no burned C.D.'s.
- Jewelry (no facial or body jewelry allowed). Limited number of earrings accepted.
- No cross-gender clothing or reference to alcohol, gambling, tobacco or profanity.
- Personal vehicles.

REQUEST FOR ADMISSION

PLEASE PRINT AND ANSWER ALL QUESTIONS (7 PAGES)

ADMISSION STAFF USE ONLY

Received: Entered: Approved: Admission Date:

A. Client's Personal Data:

E-Mail

Name SSN

Permanent Address County/Parish

City State Zip Age Birth date

Home Ph: Cell Ph: Fax Ph:

Please check all that apply:

- Marital St: Single Married Separated Divorced Widowed
Race: White Black Hispanic Asian American Indian
Religious background: Church: City:
Attended Home of Grace: Yes No When: Graduated: Yes No
Custody of Children: Yes No (Arrangements must be made before Admissions)

B. Emergency Contact 1 Data:

E-Mail

Name Relationship

Address County/Parish

City State Zip

Home Ph: Cell Ph:

C. Emergency Contact 2 Data: (Must be different than listed above)

E-Mail

Name Relationship

Address County/Parish

City State Zip

Home Ph: Cell Ph:

D. Required Information: (Must be completed in full)

Level of Education: GED: Yes No Special Skills/Trades:

Driver License # State: Valid: Yes No Any DUI's: Yes No

Any Physical Handicaps:

Work History:

Employed: Yes No Last Date of Employment:

Employer: Occupation:

Employer Address: Phone:

E. MEDICAL INFORMATION

Client Name _____ SSN _____

TEST REQUIREMENTS: The following tests may be completed at your local health department or by a private physician. You MUST be tested before admission for the following: HIV (proof of test only), Pregnancy and TB. ALL tests results must be submitted prior to admission.

ADMISSION STAFF USE ONLY
HIV: date tested _____ Result: _____ TB: date tested _____ Result: _____
Preg: date tested _____ Result: _____

Health History

- Allergies, Allergy to Medication, Dental, Diabetes, Heart, Hepatitis, High Blood Pressure, HIV, Liver Diseases, Sleeping Disorder, STD's, Suicide Attempts, Tuberculosis, Broken Bones, Hallucinations, Handicaps, Hearing Voices, Seizures, Shakes, Ulcers, Other

Have you ever been diagnosed with a Psychiatric Disorder(s): ___ Yes ___ No

Table with 4 columns: Diagnosis, Treatment/Medications, Hospital When?, Length of Treatment

Have you ever been in treatment for substance abuse: ___ Yes ___ No

Table with 3 columns: Date of Treatment, Treatment Facility, Period of Effectiveness

Other Hospitalizations:

Table with 3 columns: Diagnosis, Treatment/Medications, Hospital / Date

Use of Tobacco:

Do you use Tobacco Products: ___ Yes ___ No (If yes, ___ Packs ___ Cans)

- You'll be strongly encouraged to quit. Nicotine patches and gum are permitted.

Client Name _____ SSN _____

Addiction History (Check all categories that apply – Circle Primary Reason for Admission)

<input type="checkbox"/> Benzodiazepines Klonopin Xanax Valium	<input type="checkbox"/> Cocaine Crack Cocaine	<input type="checkbox"/> Opiates Lortab/Lorcet Morphine / Oxy Heroin	<input type="checkbox"/> Amphetamines Meth-Amphetamines Ritalin/Adderall Crystal/Ice	<input type="checkbox"/> Acid Mushrooms
<input type="checkbox"/> Alcohol	<input type="checkbox"/> THC Marijuana	<input type="checkbox"/> GHB/GBL	<input type="checkbox"/> Nicotine/Tobacco	<input type="checkbox"/> Gambling <input type="checkbox"/> Pornography/Sex

Are you taking any illicit drug(s): Yes No

List drugs you are presently taking and Fill in the Necessary Information:

Drug	Frequency	Period of Time	Drug	Frequency	Period of Time

Are you prescribed ANY medication(s): Yes No

List Prescribed Medication You Are Presently Taking:

List Prescribed Medications you are NOT taking:

Medication	Purpose	Dosage	How Long?	Medication	Purpose	Dosage

Explain why you are not taking the prescribed medications:

Comments:

Home Of Grace Medication & Medical Policy

- We are not a medical facility.
- Narcotics, barbiturates, anti-depressants, psychotropic, psychoactive medications or any other potentially addictive medications ARE NOT ALLOWED.
- Medical or dental matters must be completed prior to enrollment.
- Medical assistance is provided by our Volunteer Medical Personnel on campus for minor ailments only.
- Client is financially responsible for all costs of off-campus medical care.

F. LEGAL EVALUATION PRIOR TO ADMISSION

Client Name _____ SSN _____

Do you have Pending Legal Obligations: ___Yes ___No

Important: The admission of client(s) with Legal Obligations pending must be handled by a Legal Representative.

- A background check will be done on the applicant. Please attach a copy of both of the following:
1. Driver License (or picture identification)
2. Social Security Card.
All court dates must be postponed while enrolled in the program.
Applicants entering the program without notifying the Court/Probation Office (PO) in advance may be disqualified and required to leave the program.
Client to Court/PO Check-in Phone Calls or Progress Reports will not be provided.
Court/PO can contact the Client Counselor for more information or to check status.
The Court/PO will be notified in case of dismissal, leaving the program or not fulfilling the financial obligations to the Home of Grace.

Court Dates Pending: ___Yes ___No When: _____ Where: _____

Are you currently on Probation: ___Yes ___No

Are you currently under Court Order: ___Yes ___No (Court Order must be attached to application)

Did you notify the Court/Probation Office (PO) about entering the Home of Grace: ___Yes ___No

LEGAL BACKGROUND INFORMATION

*Will not affect your Admission

Have you ever pled guilty or been convicted of a crime?: ___Yes ___No

Have you ever been in prison: ___Yes ___No How many times: _____ Last date: _____

List felonies and/or misdemeanors and conviction dates:

Atty Information:

Name _____ Firm _____

Address _____ County/Parish _____

City _____ State _____ Zip _____

Office Ph: _____ Cell Ph: _____ Fax Ph: _____

PO Information:

Name _____

Address _____ County/Parish _____

City _____ State _____ Zip _____

Office Ph: _____ Cell Ph: _____ Fax Ph: _____

G. FEES & PAYMENTS

Client Name _____ SSN _____

Responsible Party Name _____ Phone _____

Program cost is \$3,600.
Payment is due at or before time of Admission.

Please, check one of the following Type of Payment:

Type of Payment: ___ Credit Card: ___ American Express ___ Master Card ___ Visa ___ Discover
___ Check ___ Cash ___ Money Order

CREDIT CARD AUTHORIZATION:

I (name as printed on card) _____ authorize the Home of Grace to charge my Credit Card for the
following amount of \$ _____ on the following date _____.

Card No: _____ Exp: _____ Driver License No: _____ State: _____

Billing Address: _____ CV # (Printed on back of card) _____

City / St / Zip _____ Signature: _____

The following statement MUST be signed before application will be considered.

Waiver of Liability and Acceptance of Responsibility: "I will not hold the Home of Grace responsible for accidents or
injuries that may occur during my enrollment in the program. I also understand that services provided by the medical volunteers in
the clinic are free of charge; therefore, under Mississippi Law, I waiver liability from taking legal action against such volunteers for
negligence that is neither of a willful or gross nature. I will be responsible for the cost of all off-campus medical care. I authorize the
Home of Grace to share my personal medical information with off-campus medical personnel in case of medical emergencies while
I am enrolled in the program. I agree to be responsible for the entire program fee of \$3600.00. Furthermore, I understand that the
Home of Grace is not responsible for lost or stolen articles."

Signature(s): _____
Responsible Party

Client

Comments:

Refund Policy

The Home of Grace uses the following formula to calculate refunds.
(Total Payments) - (Number of Days, including Intake and Exit Day x \$55) - \$300 Application Fee.
In addition to these fees, any cost of transportation or other non-regular costs incurred by the Home of Grace
due to the client's stay or dismissal will be added together and subtracted from payments received.

H. VISITOR'S LIST

Client Name _____ SSN _____

Please make note of the following policies:

1. Family Visitation is Immediate Family Only.
2. Family Visitation is on the First Saturday of each month.
3. No more than 5 adult visitors will be allowed at any one time.
4. Visiting hours are between 11:30pm to 3:30pm.
5. Visitation for Ministers, counselors and deacons must be scheduled with the Client's Counselor in advance.
6. All Visitors are subject to approval by Home of Grace Staff.
7. Home of Grace reserves the right to search any and all vehicles, personal properties and drug test any individual on the premises.
8. Home of Grace reserves the right to refuse admission to facilities to anyone for any reason.

This list must be completed FULLY prior to admission. ALL information is required.

Adult Visitor's Name	Relationship	Driver's Lic # / State
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Child Visitor's Name (17 yrs & younger)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I am responsible for the actions of my visitors. If they do not comply by the visitation rules, including unauthorized visits I may be subject to the loss of visitation privileges. I further understand necessary legal action will be taken in suitable situations.

I. Client's Acknowledgement

I, _____, hereby acknowledge the following to be true:

- 1. That I have read and completed this entire Request for Admission form and/or have had it explained to me and my questions about it answered to my satisfaction.
2. That I understand that the Home of Grace is not required to admit me to their Program.
3. That if I am admitted to the Home of Grace's Program, that I understand the Home of Grace has the right to dismiss me from the Program at their sole discretion for just cause as determined solely by and in the sole discretion of the Home of Grace: and
4. That if I am admitted to the Program I will abide by all rules of the Home of Grace and will respect the other clients and the staff at the Home of Grace.

Client's Printed Name: _____

Client's Signature: _____

Date: _____

Witness' Printed Name: _____

Witness' Signature: _____

Application Checklist:

Please verify the following before faxing the application:

- 1. The Application is completely filled out. Incomplete Applications will not be considered.
2. Client's name and SSN are correctly listed on the top of each page.
3. Medical Test Results are attached.
4. Legal information has been completed.
5. Courts and Probation Officers have been contacted and court dates postponed.
6. Responsible Party and Client have completed and signed Section G. Financial Information.
7. Visitation information has been completed fully.
8. Client and Witness have signed Section I. Client's Acknowledgment.