

INFORMATION PACKAGE

June 30, 2007

Dear Friend:

Thank you for inquiring about the Home of Grace Christian Recovery Program, a non-profit organization established in 1965. Thousands of men and women have found victory over their addictions at the Home of Grace. We offer a three month, faith-based recovery program that teaches life skills using Biblical principles. Daily classes of Christ-centered curriculum, individual and group counseling are used to meet the needs of the whole person (spiritual, physical, mental and emotional).

We have enclosed information concerning admissions and will be glad to assist you in any way possible. If you have any questions, please contact our admissions office at 228 826-5283.

Sincerely,

Cornell Bucaciuc
Barbara Wassmann
Admissions Counselors

INFORMATION PACKAGE

What is the Home of Grace?

The HOME OF GRACE is a Christian recovery program offering help to men, women and children.

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 and homelessness. We celebrate as we witness lives changed, hope restored, careers saved and families reconciled.

A dedicated team of teachers, counselors, support staff 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 and woman to our program. We recognize it as an opportunity to put an end to the tragic cycles of drug and alcohol abuse.

The Home of Grace is a non-profit organization. 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. 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 the Home of Grace is committed to the highest standards and principles.

Our long term goal is:

*PROVIDE QUALITY CARE THROUGH THE DYNAMIC POWER
OF THE GOSPEL OF JESUS CHRIST*

INFORMATION and PRE-ASSESSMENT PACKAGE

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 over 40 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."

RW, Home of Grace Alumni

The Home of Grace is "The greatest mission enterprise in America."

Pastor Wayne Myers
First Baptist of D'Iberville

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 West 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.

INFORMATION and PRE-ASSESSMENT PACKAGE

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**.
- You must obtain a physician's release for all prescribed medications. All 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 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.

INFORMATION and PRE-ASSESSMENT PACKAGE

How to apply for Admission?

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.**
 - **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 an Admissions Counselor and you will be notified contacted.

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.

A confirmation letter of enrollment and scheduled graduation date can be requested at the time of admission.

Emergency contact and/or legal representative will be immediately notified if the client leaves the program for any reason.

The legal representative can contact the client's counselor for information during the business hours.

Client will receive a diploma and may request a letter of completion at the time of graduation.

INFORMATION and PRE-ASSESSMENT PACKAGE

Women's Facility

What is the Daily Schedule like?

- Mornings: Devotions, Quiet-time, Classes, Individual and Group Counseling.
Afternoons: Adult Education Classes, Devotional videos and movies selected by staff, Recreational and "House-matters" Activities, Chapel Services.
Friday: Graduation.
Saturday: Visitation on First Saturday of the month.
Sunday AM: Attend local community church.

Sports activities, participation in both religious and social events in the community.

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, wife, children, grandchildren, uncle, aunt, mother and father-in-law, brother and sister-in-laws.

- Ministers, Lay Minister and church staff may visit with the client by appointment only.

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

Procedures:

- Please park and visit in the designated areas. Comply with the visitation rules. Do not enter the client's living areas. Leave promptly at 3:30pm. Do not come back after hours.
- Do not bring any prohibited items or any animals.
- **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.
- 5 Adult visitors at any one time.

What is the Telephone Policy?

- Clients are given one 15 minute phone call per week.
- Clients cannot receive incoming calls or faxes.

INFORMATION and PRE-ASSESSMENT PACKAGE

Is there a Tobacco Policy?

Yes. Please use tobacco products 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 Biloxi Bus Station, Mobile International Airport, Trent Lott International Airport or Gulfport-Biloxi Regional Airport.

What items do I need to bring?

- **Identification documents:** Social Security Card, Driver's License or Picture ID
- Bible
- Pen, highlighter, notebook, three-prong pocket folder, envelopes and stamps
- Single sheets, blanket, pillow, towels, washcloths and shower shoes
- Personal hygiene items: mouthwash (alcohol free), shampoo, soap, toothpaste, etc.
- Casual clothing: pants (necessary for all classes).
- Appropriate attire for church services.
- Shorts and dresses must be no shorter than four inches above the middle of the knee.
- One-piece bathing suit for summer
- Lock with 2 keys for bedside locker
- Laundry detergent and quarters for coin operated washers and dryers (\$1.00 to wash & \$1.00 per laundry load)
- Snacks and soft drinks (optional) – Camping type foods (bring an airtight container to store food items)
- Phone card(s)
- Recreation Equipment (optional)
- Clothes Hangers
- Tape/CD player (optional). Christian CD's or tapes. No Radios. **NO BURNED CD'S**

What items are PROHIBITED?

- Drugs, alcohol, non-approved medication.
- All over-the-counter medication must be turned in with unbroken seals. (All medications must be turned in to Staff!)
- Anything containing alcohol: mouthwash, cologne, hairspray etc.- aerosol permitted
- Pocket knife or any item that could be considered a weapon
- Cameras, Beeper, Cell Phone and Computer
- Non-approved secular books, magazines and/or music
- Musical instruments, Hotplates, toasters, etc.
- Jewelry (no facial or body jewelry allowed). Earrings accepted.
- Clothing with reference to alcohol, gambling, tobacco or profanity
- Personal vehicles

Note: All belongings left at the Home of Grace will be sent to the thrift store after 7 days.

REQUEST FOR ADMISSION

PLEASE PRINT AND ANSWER ALL QUESTIONS (14 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
Have you served in any branch of the military? Yes No When:
Type of discharge: When:
Religious background: Church: City:
Reason for Admission: Drugs Alcohol Sex/Pornography Gambling Emotional Marital
Attended Home of Grace: Yes No When: Graduated: Yes No
Custody of Children: Yes No (Arrangements must be made before Admissions)

B. Responsible Party Personal Data:

E-Mail

Name Relationship

Address County/Parish

City State Zip

Home Ph: Cell Ph: Fax Ph:

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

E-Mail

Name Relationship

Address County/Parish

City State Zip

Home Ph: Cell Ph: Fax Ph:

D. Work History:

Employed: Yes No Last Date of Employment:

Employer: Occupation:

Employer Address: Phone:

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

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

Any Physical Handicaps:

Medical Clinic

E. MEDICAL INFORMATION

Emergency: 228 217-8085

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), TB and Pregnancy. **ALL tests results must be submitted prior to admission.**

ADMISSION STAFF USE ONLY

HIV: date tested _____ Result: _____ **TB:** date tested _____ Result: _____
Pregnancy: date tested _____ Result: _____

Health History

<input type="checkbox"/> Allergies	<input type="checkbox"/> Dental	<input type="checkbox"/> Heart	<input type="checkbox"/> Sleeping Disorder
<input type="checkbox"/> Allergy to Medication (Type): _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis (Type): _____	<input type="checkbox"/> STD's
<input type="checkbox"/> (Type): _____	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Suicide Attempts
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> HIV	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Eyes	<input type="checkbox"/> Liver Diseases	(When): _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hallucinations	(Type): _____	(Where): _____
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Handicaps	<input type="checkbox"/> Seizures	<input type="checkbox"/> Ulcers
	<input type="checkbox"/> Hearing Voices	<input type="checkbox"/> Shakes	<input type="checkbox"/> Other: _____

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

<u>Diagnosis</u>	<u>Treatment/Medications</u>	<u>Hospital</u> When?	<u>Length of Treatment</u>
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Have you ever been in treatment for substance abuse: Yes No

<u>Date of Treatment</u>	<u>Treatment Facility</u>	<u>Period of Effectiveness</u>
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Other Hospitalizations:

<u>Diagnosis</u>	<u>Treatment/Medications</u>	<u>Hospital / Date</u>
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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 _____

Substance Abuse History (Check all categories that apply – Circle the Drug of Choice)

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

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 faxed from the Atty or the Court)

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 _____ Firm _____

Address _____ County/Parish _____

City _____ State _____ Zip _____

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

Accounting Department

G. FEES & PAYMENT OPTIONS

Client Name _____ SSN _____

Responsible Party Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

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 _____ (date).
Card No: _____ Exp: _____
Driver License No: _____ State: _____
Signature(s): _____
Refund Policy
Fee Schedule:
\$ 300.00 Administration Fee
\$ 55.00 per Day (including Intake
and Exit Day)
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.

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:

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 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. Visitation for Ministers, counselors and deacons will be scheduled Monday through Friday.
7. All Visitors are subject to approval by Home of Grace Staff.
8. Home of Grace reserves the right to search any and all vehicles, personal properties and drug test any individual on the premises.

This list must be completed before admission.

VISITOR'S NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Comments:

I. Client's Acknowledgement

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

1. That I have read 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.
8. Client and Witness have signed Section I. Client's Acknowledgment.