

07/06/2023

Band of Brothers Prison Ministry, Inc
Transitional Housing Resident Rules/Guidelines Contract

The following is a binding contract between the resident/client and Band of Brothers Prison Ministry, Inc. This program's intentions and objectives are to encourage and assist the residents/clients to focus on successful re-entry into society while becoming self sufficient productive citizen. This program is a mandatory minimum 40 week obligation(departure before 40 weeks must be discussed with mentor, manager, and/or CEO). These rules/guidelines are to be adhered to and agreed to upon the reception of each client.

1. Must attend Band of Brothers Sunday morning study and worship service. (Heb.10: 25)
2. Tithing (10% of earnings to the ministry, Malachi 3:10) Must pay tithes to Band of Brothers Ministry.
3. Four (4) unexcused absences from any of the mandatory Bible studies and/or Worship services will be grounds for immediate disqualification and termination of living quarters.
4. Find steady employment and participate in financial planning program. Mentors and/or Managers will assist with the following:
 - a. Develop budget of finance and time. (I Corinth. 4:2)
 - b. Open bank account (checking and/or saving)
 - c. Be a financially responsible citizen. (Pay all bills.)
 - d. Develop Spiritual Plan for your life.
 - e. Develop Transitional Exit Plan with short (5 months) and long term (10 months) goals and estimated time of fulfillment of goals.
 - f. If there is a desire to attend NA, AA, Celebrate Recovery please list those you are required to attend and those you desire to attend on the last page.
5. **Every 1st and 3rd Saturday will be ministry/community activity day from 7am –12 pm (do not make personal plans for Saturday without checking with Managers for ministry's agenda or activity)**
6. **Program Fees are \$150.00 (receipted) per week (paid on or before Fridays by 12pm, unless previous arrangements are made) and is paid to Band of Brothers Prison Ministry, Inc.**
7. Must participate in a cooking and cleaning schedule; Keep rooms clean (you never know when guests may come in to tour premises.)
8. Share home expenses equally (i.e. food ,cleaning supplies, and supplies for common area.)
9. No guest in house except approved by Band of Brothers Prison Ministry, Inc. (**no overnight guests**)

Page 2 ---Transitional Housing Resident Guidelines

All visitors must be on approved visitation list (to include children) and can only visit during visitation hours; 9am- 6pm, Monday-Saturday (6 days a week)

- a. Disqualified past residents will not be allowed in the house or premises without approval from Band of Brothers Prison Ministry, Inc. Managers and/or CEO
 - c. Anyone found in the residents and have not been approved to be on visitation list, visitation will be immediately suspended for 30 days (This is for your protection as well as the ministry's)
11. No loitering around house; no playing loud music outside or inside house that may attract unwanted guests (Ephesians 4:27). No loitering in the parking lot of church on Sunday mornings.
 12. **No smoking in the house nor on church grounds before or after services. We give the greatest respect in God's house(etiquette/decorum)**
 13. Appliances, equipment, etc. are for resident use only (Resident must use appliances, furniture and other house fixtures provided by the ministry- e.i. **You cannot bring in your own bed, furniture, tv, etc.** without approval from Managers and/or CEO
 14. No alcoholic beverages or other drugs in or around the premises. Remain sober and drug-free. (Random testing is required)
 15. Curfew is 10:00 pm nightly. Overnight and weekend passes may be coordinated after a **minimum of 90 days or approved by Band of Brothers Ministry.**
 16. Attend house meetings as scheduled (Meetings will be announced by Managers and/or CEO).
 17. Discord will not be tolerated and is grounds for **immediate termination.**
 18. No obscene, offensive, or vulgar language will be tolerated. WE ARE FOLLOWERS OF CHRIST (Ephesians 4:29)
 19. Upon disqualification due to violation(s) of rules/guidelines, you will have **3 hours to remove all belongings from the residence.** After that time, we are not responsible for anything abandoned and the ministry reserves the right to dispose of such belongings.
 20. **All forms of Insubordination and disrespect from clients towards ministry leaders will not be tolerated and will be cause for immediate termination.**

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We ask that a thirty (30) day written notice be given to the Band of Brothers Ministry before departure.

- If resident leaves owing financial obligations a schedule for payment must be confirmed or LEGAL ACTIONS WILL BE TAKEN IMMEDIATELY.
- Due to the funding sources of the ministry, we require \$150 deposit/intake fee upon entry into the program. **(NON-REFUNDABLE)**
- If at any time a resident accumulates a debt of \$300, the ministry reserves the right to dismiss the resident as a financial hardship.
- This is not a rental agreement nor are clients paying rent! This is a program and will be conducted as such.

**** THE MINISTRY RESERVES THE RIGHT TO ADD, AMEND, OR DISCARD ANY POLICY AS IT RELATES TO THE OVERALL WELFARE AND MAINTENANCE OF DAILY OPERATIONS OF THE MINISTRY.**

I have read the above rules/guidelines and agree with all terms and to abide by them. I understand that any violation of these guidelines/contract will be reported to the Band of Brothers Prison Ministry, Inc. and could result in immediate termination of this agreement and my living quarters

Resident Name (Please Print Clearly)

First _____ Middle _____ Last _____ Suffix _____

Resident SSN: _____ DOB: _____

Race _____ Ethnicity: Hispanic / NON-Hispanic

Are you a Veteran? Yes / No Are You Disabled Yes / No

If yes, what is your disabling condition? _____

Are you Currently Receiving Income from any Source? Yes / No

If yes, name of current source _____ Total Monthly Income? _____

Do you have health insurance? Yes/No If yes, name of insurance _____

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Residence Prior to Entry Previous Address: _____

City: _____ State: _____ Zip Code: _____

Length of Stay at Previous Address: Days _____ Months _____ Years _____

Emergency Contact: Name _____

Relationship to Resident: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____

Resident Phone Number (_____) _____

Resident Signature _____ Date _____

MANAGERS FILL IN ALL NECESSARY BLANKS BELOW RED LINE

Assigned Housing Unit Address: _____

City: _____ State: _____ Zip Code: _____

Date of Entry _____ Projected Graduation Date _____

CEO/Pastor _____ Date _____

Manager Signature _____ Date _____