



Refuge of Grace

Applying Biblical Truths to Women's Lives

Thank you for your interest in Refuge of Grace. We've been praying that God would bring women like you to us and excited that you may be one of those women! We know that you have been facing significant trials in your life and perhaps gotten sucked into using drugs or alcohol, practiced habits of self-harm, developed unsafe eating habits, or unplanned pregnancy.

Refuge of Grace was established because we believe God can be your refuge and strength, an ever-present help in trouble. God has been our refuge and strength. We are overwhelmed by the goodness and compassion of God. We've experienced the hope God gives and we are eager for you to know it too. Our vision is to work beside you as God works in your life to bring beauty out of ashes.

You may be at a point in your life where you've become enslaved to destructive habits or you have been hurt time and again. It may be that just when things seem to get better, something else hits. You've been trying to cope but the pit seems to get deeper and the darkness darker. You may have begun to realize that practices like drugs or addictions could provide freedom from problems have turned out to be an ugly master that demands more and more from you - more drugs, deeper cuts, etc. It stinks!

God offers Himself as a new master. Romans 6:16 tells us we have the choice whom we will be slaves to - sin or God. God is a master who is compassionate, loving, merciful, and gracious. He urges "*Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.*" (Matthew 11:28-30).

Make no mistake. We are talking about a master. We are talking about putting one's trust in God and doing it His way. Making Him. God is a jealous God and will not put up with another master in life. In fact, He clearly says that if we choose to run after other masters, our sorrows will increase. You have a choice. You can continue to hope in your old ways of doing things or you can trust in God. If you do trust in God you can expect to not just have hope but to overflow with hope (Romans 15:13). Think about what overflowing with hope would look like. Has that been your experience so far?

You need to understand that the program at Refuge of Grace is tough. It is very structured and will take hard work on your part. Changing is not an overnight process but takes sustained daily effort over a long period of time. You won't always feel like persevering but, by God's grace, you can. Christ endured when it got really hard and He will help you do it too. We will do everything we can to help you. Please be aware that Refuge of Grace exists to help women like yourself by giving you the opportunity to learn a new way of living, a more beneficial method of handling problems, and a chance to be completely committed to pleasing God growing to become more like Christ. Making a decision to come to Refuge of Grace will be difficult for you and your family.

Please be aware that the guidelines that have been given to you are for real and your decision to come to Refuge of Grace means that you will willingly submit yourself to operating under the authority of God, the Board of Directors, Leadership, volunteers, and within the boundaries and guidelines of this program.

In closing, I would like to take the opportunity to encourage you from Romans 8:18-21. The Apostle Paul says in this passage that one day you could look back on this painful period of life and be able to say "It was worth it!" because of all of the good God can accomplish in you during this time. Hebrews 11:12 says "*For at the moment all discipline seems painful rather than pleasant, but later it yields the peaceful fruit of righteousness to all those who have been trained by it.*" God promises that he will never waste your pain! If you are willing to allow Him to work in your life through His Word, one day you will be able to look back on this painful period of time as a difficult but absolutely beneficial season in your life. If you are willing to take some steps of growth through the ministry of Refuge of Grace, this could be an opportunity to allow God to work through your present sufferings to begin bringing about glorious freedom in your life. So, if the Son sets you free, you will be free indeed (John 8:36).

In His Grip,

Leigh Littrell
Founder

Program Description

SEASON ONE

*Orientation - no fee required until resident is employed at which time, resident begins to pay Refuge of Grace program fee

*Topics that may be covered include:

- Bible studies
- Addiction
- Anger management
- Parenting
- Budgeting
- Basic computer skill
- Relationship
- Attending church weekly
- Cooking
- Fitness
- Obtaining GED, if needed
- Basic chores (yard work, house cleaning etc.)

- Random drug screening
- Volunteering within the community

SEASON TWO

- Begin part/full time employment
- Begin to develop relationships with children and family
- Visitations with children. At the leadership direction and approval, children begin overnight visits with the intention of permanent living status. All visits and living arrangements will be considered based on the resident's status in the program and determined and approved by Leadership.
- Continue classes in the evening
- Continue counseling, as needed
- Random drug screening
- Evaluation by the leadership is required in order to move to next season and implementation of Season 3 goals.

SEASON THREE OPTIONAL

Refuge of Grace Resident Application/Assessment

Instructions: **The applicant must complete the entire application with no additional help.**

Date _____

Full Name _____

Aliases _____

Age _____ Date of birth _____ Social security number _____

Current address _____

Previous address _____

Phone Number _____ Referred by _____

Contact name(s) and phone number that can also be used to reach you and what is their relationship to you:

IDENTIFICATION

Do you have a copy of your birth certificate? _____

Do you have a copy of your driver's license or state ID? _____

Do you have a copy of your social security card? _____

RELATIONSHIP BACKGROUND

Marital status: (circle one) married divorced separated widow single live together

Significant other's name? _____ Length of relationship? _____

Address of significant other _____

CURRENT LIVING SITUATION (Circle the most recent two locations)

- Non-housing (street, car, etc.)
- Mother transient, children living with relatives/friends
- Domestic violence situation
- Mother and children living with relatives/friends
- Emergency shelter
- Transitional housing for homeless persons
- Psychiatric facility
- Substance abuse treatment facility
- Hospital
- Jail/prison
- Rental housing
- Own home
- Other _____

DO YOU HAVE ANY SOURCES OF INCOME OR SUPPORT?

- | | |
|--|---------------|
| • General public assistance _____ | Amount: _____ |
| • Employment income _____ | Amount: _____ |
| • Unemployment benefits _____ | Amount: _____ |
| • WIC _____ | Amount: _____ |
| • Child support _____ | Amount: _____ |
| • Food stamps _____ | Amount: _____ |
| • Supplemental security income (SSI) _____ | Amount: _____ |
| • Social security disability income (SSDI) _____ | Amount: _____ |

- Social security _____ Amount: _____
- Veterans benefits _____ Amount: _____
- Medicare _____ Amount: _____
- Medicaid _____ Amount: _____
- Other (please specify) _____ Amount: _____

EDUCATION

Highest grade complete _____ Date _____ Location _____
 Last school attended _____
 Location _____ When _____

MY PERSONAL EDUCATIONAL GOAL IS _____

EMPLOYMENT HISTORY (most recent first)

Employer Name _____
 Address _____ Phone _____
 Employed from (date) _____ to (date) _____ Job Title _____
 Wage _____ Job Description _____
 Reason for leaving _____

Employer Name _____
 Address _____ Phone _____
 Employed from (date) _____ to (date) _____ Job Title _____
 Wage _____ Job Description _____
 Reason for leaving _____

Employer Name _____
 Address _____ Phone _____
 Employed from (date) _____ to (date) _____ Job Title _____
 Wage _____ Job Description _____
 Reason for leaving _____

Employer Name _____
 Address _____ Phone _____
 Employed from (date) _____ to (date) _____ Job Title _____
 Wage _____ Job Description _____
 Reason for leaving _____

CHILDREN

Name _____ Age _____ Gender _____
 Child's father name _____
 Who has legal custody? _____ Relationship to child? _____ For how long? _____
 Who has physical custody? _____ Relationship to child? _____ For how long? _____

Name _____ Age _____ Gender _____
 Child's father name _____
 Who has legal custody? _____ Relationship to child? _____ For how long? _____
 Who has physical custody? _____ Relationship to child? _____ For how long? _____

Name _____ Age _____ Gender _____
 Child's father name _____
 Who has legal custody? _____ Relationship to child? _____ For how long? _____

Who has physical custody? _____ Relationship to child? _____ For how long? _____

Name _____ Age _____ Gender _____

Child's father name _____

Who has legal custody? _____ Relationship to child? _____ For how long? _____

Who has physical custody? _____ Relationship to child? _____ For how long? _____

If it becomes possible, do you have any special concerns about your children moving to Refuge of Grace? _____

Do any of your children take medicine? _____ If so, what? _____

Frequency _____ Prescribed by _____

Do any of your children have behavioral problems? _____ If so, list name and behavior that needs to be addressed: _____

Do any of your children have special educational needs? _____ If so, list name and needs: _____

Have any of your children been diagnosed with a mental illness? _____ If so, complete the following, Child's name _____ Diagnosis _____

Has child received treatment (case management, medication management, counseling, mobile crisis, in or outpatient treatment)? _____ If yes, when and where? _____

Has child had thoughts of hurting themselves or others? _____ If yes, when was the last time the child thought about hurting themselves or others? _____

Have any of your children been diagnosed with a mental illness? _____ If so, complete the following, Child's name _____ Diagnosis _____

Has child received treatment (case management, medication management, counseling, mobile crisis, in or outpatient treatment)? _____ If yes, when and where? _____

Has child had thoughts of hurting themselves or others? _____ If yes, when was the last time the child thought about hurting themselves or others? _____

MEDICAL HISTORY

Refuge of Grace does not discriminate based on medical history or diagnosis but is not equipped for certain medical conditions. Refuge of Grace is not responsible for medical care for residents. Staff will make referrals to community physical and mental health providers when the need arises. All residents must be ambulatory and able to perform activities of daily living. Information provided below will be protected and will not be shared with individuals without written consent by the applicant. The information below will help Refuge of Grace to ensure that you receive the most appropriate and timely services.

Do you have a history of any of the following (circle all that apply)

- | | |
|---------------------------------|-------------------------|
| Dental disease | Asthma |
| Alcohol abuse | Diabetes |
| Drug abuse | Tuberculosis |
| Depression | Epilepsy |
| Child Protective Services | Migraine headaches |
| HIV/AIDS and related diseases | Skin sores |
| STD's | Trouble breathing |
| Domestic violence (as a child) | Low/High blood pressure |
| Domestic violence (as an adult) | Sexual abuse |

Kidney/Bladder _____ Abortion (if so, how many) _____
Other (please explain) _____

Please list any service agencies/providers (and contact persons) that work or worked with you on any of the above circumstances along with their addresses and phone numbers.

List all medical conditions, treatments, and current medications: 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 Refuge of Grace is not able to provide convalescent or medical treatment on-site.

Are you currently pregnant? _____ If so, how many weeks _____ Name of OB/GYN _____
Doctor's office location _____
Date of last appointment _____ Date of next appointment _____
Have you been receiving any prenatal care? _____ If so, where? _____

Are you able to perform

Housekeeping chores _____ (such as laundry, dusting, cooking, cleaning, mopping etc. if instructed)

Yard/garden work _____ (raking, hoeing, planting, weeding, etc. if instructed)

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

List any physical disabilities Refuge of Grace would need to accommodate _____

Do you have a primary physician? _____ Name _____
Address _____ Phone _____

VIOLENCE/ABUSE HISTORY

Have you ever been involved as a victim in domestic violence? _____

Have you ever been a perpetrator in domestic violence? _____

Have you ever witnessed domestic violence? _____

Have you ever been a victim of sexual assault, rape, harassment, or incest? _____

Have you ever been a perpetrator of sexual assault, rape, harassment, or incest? _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with any of the following psychological or mental illnesses

Bi-Polar _____ if yes, when _____ by whom _____

List your symptoms _____

Were any med prescribed? _____ If, what _____

ADHD _____ if yes, when _____ by whom _____

List your symptoms _____

Were any med prescribed? _____ If, what _____

Schizophrenia _____ if yes, when _____ by whom _____

List your symptoms _____

Were any med prescribed? _____ If, what _____

Autism _____ if yes, when _____ by whom _____
List your symptoms _____
Were any med prescribed? _____ If, what _____

Depression _____ if yes, when _____ by whom _____
List your symptoms _____
Were any med prescribed? _____ If, what _____

Other _____ if yes, when _____ by whom _____
List your symptoms _____
Were any med prescribed? _____ If, what _____

Have you ever been tested for

Hepatitis A _____ Date/location of last test _____ Result _____
Hepatitis B _____ Date/location of last test _____ Result _____
Hepatitis C _____ Date/location of last test _____ Result _____
TB _____ Date/location of last test _____ Result _____
HIV _____ Date/location of last test _____ Result _____

Have you ever had treatment for HIV or AIDS? _____ If yes, explain _____

Have you ever been told you needed surgery for a medical condition? _____ If yes, did you have it? _____
For what _____ where and when _____

Have you ever been hospitalized (other than having children?) _____ If yes, when was your last hospitalization and what medical condition were you treated for _____

Have you ever been through any other drug rehab program(s) including drug court? _____
Name and location of facility _____ When? _____
What was the outcome? _____

ADDICTIONS

Please list **all** substances used – including tobacco

1. Drug of choice _____
 - a) Age of first use _____
 - b) Frequency Used _____
 - c) Date of Last Use _____
 - d) Longest Period of Abstinence from Drug _____

2. Drug of choice _____
 - a) Age of first use _____
 - b) Frequency Used _____
 - c) Date of Last Use _____
 - d) Longest Period of Abstinence from Drug _____

3. Drug of choice _____
 - a) Age of first use _____
 - b) Frequency Used _____
 - c) Date of Last Use _____
 - d) Longest Period of Abstinence from Drug _____

4. Drug of choice _____
 - a) Age of first use _____
 - b) Frequency Used _____
 - c) Date of Last Use _____

d) Longest Period of Abstinence from Drug _____

5. Drug of choice _____

a) Age of first use _____

b) Frequency Used _____

c) Date of Last Use _____

d) Longest Period of Abstinence from Drug _____

6. Drug of choice _____

a) Age of first use _____

b) Frequency Used _____

c) Date of Last Use _____

d) Longest Period of Abstinence from Drug _____

(If more space is needed, please attach a separate sheet or write on the back of this page)

LEGAL HISTORY PAST AND PRESENT

Do you have any evictions from housing? _____ Do you have any outstanding debts examples would include but not limited to tickets, child support, credit cards, loans, student loans, utilities, phone, restitution, hospital, etc. If yes, please list amounts and to whom: _____

Are you currently on probation _____ parole? _____

If yes, for what charge(s) _____

In what county and state _____

Probation/parole officer(s)name _____

Phone number _____

In what county and state _____

Probation/parole officer(s)name _____

Phone number _____

In what county and state _____

Probation/parole officer(s)name _____

Phone number _____

WHAT IS THE NATURE OF YOUR CURRENT & PAST CHARGES?

Date of arrest _____ Place of arrest _____

Nature of Charges/Arrests _____

Outcome/time served/or pending _____ Court date _____

Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____

Nature of Charges/Arrests _____

Outcome/time served/or pending _____ Court date _____

Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____

Nature of Charges/Arrests _____

Outcome/time served/or pending _____ Court date _____

Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____

Nature of Charges/Arrests _____

Outcome/time served/or pending _____ Court date _____
Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____
Nature of Charges/Arrests _____
Outcome/time served/or pending _____ Court date _____
Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____
Nature of Charges/Arrests _____
Outcome/time served/or pending _____ Court date _____
Attorney _____ Phone number _____

Date of arrest _____ Place of arrest _____
Nature of Charges/Arrests _____
Outcome/time served/or pending _____ Court date _____
Attorney _____ Phone number _____

PERSONAL GOALS (please use the back of this page or a separate sheet if you need additional space to answer)

My personal goal and dream for myself is _____

My personal goal and dream for my child(ren) is _____

Why would you like to be a resident at Refuge of Grace? _____

How do you feel about a commitment of 12-18 months? _____

How do you feel about participating in community livings? _____

How do you see the program of Refuge of Grace helping you to become self-sufficient? _____

How do you feel about the necessary resident rules and restrictions? _____

What are your expectations of Refuge of Grace? _____

STATEMENT OF UNDERSTANDING AND AGREEMENT

This is to certify that I understand and agree to the following terms and conditions while receiving services through Refuge of Grace:

1. I _____, understanding that if I am accepted to Refuge of Grace, I am a voluntary/ court ordered admission to Refuge of Grace, and understand that it has been determined through assessment of my drug or alcohol use and am eligible for residential rehabilitation. I understand also that I will be under approximately a 30-day trial period at which time I will be re-evaluated as to whether or not Refuge of Grace is the right program for me.

2. I understand that Refuge of Grace is a NO SMOKING facility.

3. I hereby consent to provide urine and/or saliva samples for alcohol and screening upon request so long as I remain in residence at Refuge of Grace, and that I am subject to immediate dismissal from the program if any chemical use is discovered. Nonconformity of this policy could result in a "positive drug test" to be recorded.

4. I do hereby give my consent to Refuge of Grace staff to search my room and personal property at any time deemed necessary as long as I remain a resident of Refuge of Grace, whether I am present or not. I also understand that the Refuge of Grace home is under 24/7 audio and video surveillance.

5. I do hereby waive all rights to claim suit against Refuge of Grace and the Board of Directors and/or anyone associated with Refuge of Grace.

6. I do understand that Refuge of Grace is a non-medical/detox facility. If I should require medical treatment, I authorize Refuge of Grace staff to arrange for any treatment, but it is understood that any expenses incurred are my sole responsibility and not the responsibility of Refuge of Grace. In the event of a medical emergency I authorize Refuge of Grace to contact the following persons:

Name _____
Relationship to client _____
Address _____
Phone _____

Name _____
Relationship to client _____
Address _____
Phone _____

7. I understand that I have the right to revoke this agreement by voluntarily discharging myself from the program. At such time I am no longer bound under any authorization I initially agreed to accept to the extent of actions that had already been taken in reliance through my initial authorization.

Signature _____ Date: _____

Witness _____ Date: _____

HOUSE RULES

(Please initial by each)

_____ Use and/or possession of alcohol, drugs, or any mood-altering chemicals including prescription narcotics are not permitted. Use and/or possession of these chemicals will result in immediate expulsion from the program.

_____ Residents are subject to random drug and alcohol screens any time deemed necessary. Failure to pass these screens or refusal to take screens will result in immediate discharge from Refuge of Grace.

_____ Smoking is not permitted at any time. Random nicotine screens will be performed. Any such incident will require disciplinary measures and could result in expulsion from the program.

_____ Speech and communication should be honoring and uplifting. NO PROFANITY is acceptable at any time. Although every household will experience conflict, the purpose for resolving the conflict is to reach a healthy resolution not to be wounding. Resident is expected to approach conflict with this goal in mind. If there is a need for intervention, ask Leadership or Staff to help bring resolution. Conflict resolution is a skill that can be learned.

Truth is expected at all times. Lying, deception, and failure to communicate truth will require disciplinary measures and could result in expulsion from the program.

Let no corrupting talk come out of your mouths, but only such as is good for building up, as fits the occasion, that it may give grace to those who hear.

Ephesians 4:29

Let there be no filthiness nor foolish talk nor crude joking, which are out of place, but instead let there be thanksgiving.

Ephesians 5:4

_____ No physical or verbal threats or assaults will be tolerated against any Leadership, Staff, volunteers, or resident. One should always respect authority and each other. Any such incident will require disciplinary measures and could result in expulsion from the program.

Remind the people to be subject to rulers and authorities, to be obedient, to be ready to do whatever is good, slander no one, to be peaceable and considerate, and always to be gentle toward everyone. At one time we too were foolish, disobedient, deceived and enslaved by all kinds of passions and pleasures. We lived in malice and every, being hated and hating one another. But when the kindness and love of God our Savior appeared, he saved us, not because of righteous things we had done, but because of his mercy. He saved us through the washing of rebirth and renewal by the Holy Spirit, whom he poured out on us generously through Jesus Christ our Savior, so that, having been justified by his grace, we might become heirs having the hope of eternal life. This is a trustworthy saying and I want you to insist on these things, so that those who have trusted in God may be careful to devote themselves to doing what is good. These things are excellent and profitable for everyone.

Titus 3:1-8

_____ Stealing will result in immediate discharge from the Refuge of Grace program.

_____ No men or mates are allowed on the property at any time unless preapproved and supervised by Leadership and/or Staff. No fraternizing which includes associating with or forming friendships with someone not approved by Leadership. Leaving the Refuge of Grace home without permission will result in immediate expulsion. Absolutely no sexual activity on or off the property will be tolerated. Participation in these activities will result in immediate dismissal from the program.

_____ Residents are required to attend and complete all required classes, meetings, and enrichment classes.

_____ Residents are not allowed to sleep during daytime hours unless you have prior approval from Leadership which includes no lounging on the sofa. Residents are expected to rise at the scheduled morning rise time and start their day. Moving from the bed to the sofa is not allowed. Nightclothes may not be worn during the day at any time.

_____ Leadership and/or Staff reserves the right to perform a room search at any time deemed necessary to insure the serenity and security of Refuge of Grace.

_____ Each resident is to be in their room no later than 9:45pm with lights out at 10pm.

_____ To maintain a standard of health sanitation, food and drinks are not allowed to be eaten or stored in bedrooms. No carbonated canned, bottled, or fountain sodas including diet, energy drinks, etc. are allowed inside the ROG home.

_____ Residents must stay on Refuge of Grace property at all times unless permission has been granted by Leadership to do otherwise. Residents are not allowed on front porch but may sit on the brick patio in the back yard with permission from Leadership and/or Staff.

_____ Refuge of Grace reserves the right to read all incoming and outgoing mail for the protection of the residents. No incoming or outgoing mail from jails or prisons will be permitted unless pre-approved by Leadership.

_____ The television available in the common area is used solely for watching approved movies and video classes. No television is allowed in a resident's room. No R-rated movies or secular books and/or magazines are allowed in the Refuge of Grace home. No secular music is allowed. Movies may be allowed on the weekend with prior approval of Leadership.

_____ Residents will maintain the volume of radio and television to a volume respectful of others in the home or privilege will be taken away.

_____ Burning candles or incense is prohibited.

_____ Refuge of Grace dress code:

- No inappropriate graphic t-shirts
- No facial/tongue piercings of any kind
- No short-shorts
- No cleavage showing
- No bare stomachs showing
- Bras must be worn
- No tight clothing
- No unusual hair color

_____ Staff or Leadership will distribute medicines as prescribed or needed. Resident taking over-the-counter medicine for more than 2 weeks or the prescribed time on the bottle must be seen by a doctor and get a prescription to continue over-the-counter medicine. Prescription medicine will be dispensed as prescribed. All medication, over-the counter or prescribed, will be in a locked cabinet. Resident will sign the medicine intake form and take the medicine in the presence of staff.

_____ All residents should respect other's privacy and dress and un-dress in private.

_____ When away from Refuge of Grace, all residents will remain together as a group at all times with the supervision of Leadership, Staff, or approved volunteer.

____ If you don't know or understand something, never assume. Always ask Leadership or Staff for clarification!

____ Refuge of Grace does not require an entry fee. A program fee will be required when resident secures employment, full or part-time. The program fee will begin within 30 days of employment. Refuge of Grace will provide all resident's needs while in the program.

____ It is strictly forbidden for resident to ask anyone to purchase something for them. Residents may not receive money or gifts.

____ Resident is also not to ask a volunteer to take them somewhere that has not been previously approved by Leadership and communicated to the volunteer by Leadership. Additionally, resident may not ask volunteer to purchase any items for them or to use their phone for any reason other than to call Leadership or 911.

____ I understand that as a Refuge of Grace resident, I will be accompanied by Leadership, staff, or volunteer for all appointments including, but not limited to, doctor appointments, legal appointments etc. It is resident's responsibility to admit and authorize Leadership as their authorized, participating agent.

____ Residents will not open the door to any visitor without the permission or supervision of Leadership and/or Staff. Residents will not be outside the home without the supervision and pre-approval of Leadership.

____ No visitation will be permitted at Refuge of Grace home without the presence and supervision of Refuge of Grace Leadership or Staff.

____ Residents are to make requests via group text from the house cell phone to Leadership and an answer will be given within 72 hours after all of Leadership has been able to discuss. No communication is permitted before 7am or after 9pm, unless it is an emergency. Following this protocol, Leadership will avoid being singled out to hear a request while resident expects an answer from them. This will keep all of Leadership on the same page and keep the calendar accurate and complete. Leadership relies on the calendar in an attempt to maintain continuity.

____ Rules are subject to change at any time deemed necessary by Leadership. All rules are made for the good of the residents. Residents will be notified of any changes. All updates will be reviewed with resident by Leadership and require resident's acceptance and signature.

VIOLATION OF ANY RULE(S) OF THE PROGRAM MAY RESULT IN CONSEQUENCES AND/OR IMMEDIATE DISMISSAL FROM REFUGE OF GRACE. By initialing and signing this section when accepted to Refuge of Grace, I understand and agree to abide by all of the above.

Resident

Date

Leadership

Date