



Fresh Start Ministry
7060 Prairie Road | PO Box 593
Winnsboro, LA 71295
Office: 318.435.7061
Fax: 318.435.7063

MEN'S CENTER

STUDENT INDUCTION AND TUITION POLICY

Fresh Start requires an initial payment of \$1,000 that is due upon arrival. This includes a \$500 non-refundable induction fee along with the first \$500 monthly tuition payment. The client will continue to be responsible for tuition payments of \$500 per month throughout the duration of the program. However, Fresh Start will not charge tuition during the third and fourth months as clients will be working with various businesses owned and maintained by Fresh Start.

Clients will be given the opportunity to work full-time during the 3rd Phase of the program with a local employer. Any income generated through a job will be turned into Fresh Start and will be placed in the client's Student Account. After monthly tuition payments are deducted from the account, clients will have limited access to money in the account until graduation.

_____ I understand and accept the terms of the Student Induction and Tuition Policy.

WITHDRAWAL FROM SUBSTANCE ADDICTION AGREEMENT

_____ I understand that Fresh Start is a drug and alcohol-free residential care center and do hereby agree to enter the program with the understanding that withdrawal from substance dependence or addiction will be accomplished without medication.

Student's Signature

Date

Signature of Staff Witness

Date



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Non-Completion of the Program

In the event that you (the student) leave the program or get dismissed you will forfeit money in your account, including any induction fee. Exception, this does not include money put into your account from SIS, Disability, and Welfare checks. These funds will be put into a personal account, after induction fees are paid in full. This account can be drawn from to put money into you student account for snacks, medicine, and hygiene products.

However, if you leave or act out in such a way that you get dismissed, your account will go toward the expenses incurred while you were with us.

I fully understand these policies and agree to abide by them.

Student's Signature

Date

Signature of Staff Witness

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, give Fresh Start Ministry authorization to disclose any and all information regarding my health, well-being, and performance while in the program.

Disclosure shall be made to: (names of people, companies, organizations, etc.)

Student's Signature

Date

Signature of Staff Witness

Date



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Release of All Rights in Personal Story

I do hereby irrevocably authorize Fresh Start Outreach Ministries and those acting under its permission and on its authority, to use and publish for any lawful purpose whatsoever, my personal story which I have related to Fresh Start in whole, or in part, including any photograph or video of myself.

I hereby waive any right that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Fresh Start, its successor and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error distortion that may occur unless it can be shown that they and the publication thereof were maliciously cased, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Dates this _____ day of _____ 20_____.

Signature of Student

Signature of Staff Witness



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Civil Rights Waiver Acknowledgement

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Fresh Start is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problem, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

Signature of Student

Date

Signature of Staff Witness

Date



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Food Stamp Policy

While I am a resident at Fresh Start Outreach Ministries and a participant in the Fresh Start program, I grant permission to the staff at Fresh Start to help me attain and use food stamps if I qualify. The use of the food stamps will be to the discretion of the Fresh Start staff, and I give up all rights to how the food stamps are used as long as I am involved in the program.

Signature of Student

Date

Printed Name of Student



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Food Stamps Policy
Continued

I, _____, understand that if I am dismissed from and/or leave Fresh Start Outreach Ministries improperly my EBT card will be immediately mailed back to the DCFS/ES office at:

DCFS/ES
P.O. BOX 760
Winnsboro, LA 71295

Food Stamp Office
318-435-2101

I, _____, understand that upon completion/graduation of Fresh Start Outreach Ministries I am responsible for contacting the DCFS/ES office within ten days to change my authorized representative and address to either none or anyone else I choose to be able to inquire/obtain information regarding my case and/or make purchases with my card. Fresh Start (Clay Russell, Director) will no longer be my authorized representative and Fresh Start will not be held responsible for any illegal activity related to my case/card.

Signature of Student

Date

Signature of Staff Witness

Date



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Confidentiality of Fresh Start Records
Notice to Students
In Accordance with 42 CFR S 2.1 (10-1-91 Ed.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is ~~protected by Federal law and regulations. Generally, the ministry may not say to a person~~ outside the program that a student attends the program, or disclose any information identifying a student with a life controlling problem, especially, alcohol or drug abuse *unless*:

1. The student consents in writing
2. The disclosure is allowed via court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I warrant that I have read the above notice prior to its execution, and that I am fully familiar with the contents thereof.

Dated this _____ day of _____ 20_____.

Signature of Client

Signature of Staff Witness



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Ministry**

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I hereby understand that Fresh Start Ministries will not be held responsible for ANY of my personal property.

In the event of leaving Fresh Start whether it be voluntarily or with dismissal of Fresh Start, it is my responsibility to take ALL of my belongings with me at my time of departure.

Student Signature

Date

Staff Signature

Date



Client Information

Name: _____

Entry Date: _____ DOB: _____ SS#: _____

Insurance: Yes No Provider: _____

Current prescribed medicine:

Current Pharmacy: _____ Location: _____

Number of Refills: