



APPLICATION

This is an application for acceptance into Hope Center for Women, Inc. Please read all of the information including the rules and the required 12 month commitment. If the applicant has a true desire for help in a Christian atmosphere and is willing to submit to those in authority at Hope Center for Women, Inc., she can complete the application.

Please understand that no girl can be sent here against her will or without showing a desire to change.

Please use the following steps to complete your application:

1. Read all information and review the 12 month commitment.

If you agree, sign the commitment and proceed.

2. Complete the application. The entire application must be completed by the applicant in her own handwriting.

Be sure to completely fill out all of the information requested in this application packet. Should the application be returned to us lacking any of the requested information, we will not process it.

3. Submit the application (including the commitment forms).

Once the completed application is sent, it is the applicant's responsibility to call the Intake Coordinator at (270-618-4673) to receive further instructions. If you mail the application, please wait five days to be sure we have received the forms before making this call; if you fax the application, you may call the following business day for further instructions. Applications should be submitted online via our website or mailed to:

Hope Center for Women Inc. P.O. Box 763 Scottsville, Kentucky, 42164, Attn: Intake Dept.

4. Submit any special medical reports, psychological reports and educational information.

Please sign and return the enclosed release form with your application. You should also make any copies needed in order to request your most recent psychological and/or medical reports.

APPLICATION FOR ACCEPTANCE

PART ONE

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hope Center for Women, Inc. is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hope Center for Women, Inc. cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you, please put NONE or N/A next to it.

Name: _____ Date: _____ Name you go by: _____

Present Address
(please include street address, city, state, zip):

Telephone Number
(please include area code):

Home: _____

Cell: _____

Work: _____

Parent/Guardian Name(s) _____

Parent/Guardian Current Address
(please include street address, city, state, zip):

Parent/Gaudian Telephone Number
(please include area code):

Home: _____

Cell: _____

Work: _____

Referred by: DHS _____ Court _____ Parents _____ Church _____ Radio _____ Other (specify) _____

Have you ever applied to Hope Center for Women, Inc. in the past? YES _____ NO _____

→ If YES, please give approximate date that you previously applied: _____

PERSONAL INFORMATION

Date of Birth (month/date/year): _____ **Age:** _____ **Race:** _____

Birthplace (city/state): _____

Social Security Number: _____ - _____ - _____

Driver's License number/expiration date: _____

Physical Characteristics:

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Children: Do you have any children (yes/no)? _____ If YES, how many? _____

Please list the names/ages of your children:

1. _____ Age: _____ 4. _____ Age: _____

2. _____ Age: _____ 5. _____ Age: _____

3. _____ Age: _____ 6. _____ Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at the Hope Center for Women, Inc.? _____

Are you on any type of government or financial assistance? _____

If you are accepted into the Hope Center for Women, Inc., will that have any effect on this assistance (yes/no)? _____

Educational:

Name of last school attended (name/city/state): _____

Dates of Attendance: _____

Did you graduate? _____ If not, last grade completed? _____

Have you ever been in any special education classes? _____ If so, please list: _____

Do you plan on obtaining a GED while at Hope Center (yes or no)? _____

Financial:

Do you have any outstanding debts (yes/no)? _____

→ If YES, please explain: _____

What arrangements will you make for their payment while you are at the home?: _____

Where would the finances for your personal needs while at Hope Center for Women, Inc. be sponsored by?:

Church/Ministry (please include name) _____ Family _____

Individual (please include name) _____ Self _____

Medical & Insurance:

Hope Center for Women, Inc. provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of parents/guardians of minors, or their sponsoring agency to cover these expenses. Arrangements should be made prior to residency. If none of the above is available to you please inform the intake coordinator during your interview.

Legal Background:

Have you ever been arrested (yes/no)? _____ If YES, how many times? _____

Please list arrest dates/charges, etc.: _____

Do you have any pending court dates (yes/no)? _____ If YES, please explain: _____

Is the Applicant currently incarcerated (yes/no)? _____ If YES, for how long? _____

Length of time remaining of Incarceration? _____

Name & Phone Number of Attorney/Legal Representative: _____

Telephone Number of Attorney/Legal Representative (please include area code): _____

Have you ever been on probation or parole (yes/no)? _____ Are you currently (yes/no)? _____

If YES, for how long? _____ Length of time remaining: _____

How often do you report to Probation & Parole? _____ Do you report in person or via mail? _____

Name of Probation or Parole officer: _____ County of Supervision: _____

Address (city/state/zip): _____

Telephone Number (please include area code): _____

Substance Abuse:

Have you ever used and/or experimented with the following substances (yes/no)?

Alcohol _____ Hallucinogenic (Acid/LSD, etc.) _____ Morphine _____

Amphetamines (uppers) _____ Crank _____ Opium _____

Barbiturates (downers) _____ Crystal Meth _____ Heroin _____ Cocaine _____

Marijuana _____ Ecstasy _____ Crack _____ Methamphetamines _____

Tobacco _____ Inhalants (Glue/Paint Thinner, etc.) _____

Other (Please list): _____

Drug(s) of Choice:

1) Name: _____ Length of Use: _____
2) Name: _____ Length of Use: _____
3) Name: _____ Length of Use: _____
4) Name: _____ Length of Use: _____

Have you ever been in a substance abuse detoxification and/or rehabilitation program before (yes/no)? _____

If YES, was it a faith-based or non faith-based program? _____

If YES, please list the name of facility, address of facility (please include city/state/zip), name of program, state whether you completed the program, or your reasons for leaving/getting discharged: _____

Mental Health:

Have you ever been diagnosed or treated for the following (please indicate yes/no for each)?

DID/Dissociative Disorder _____ ADD _____ ADHD _____ Schizophrenia _____

Bi-Polar Disorder _____ Borderline Personality Disorder _____

Have you ever been to counseling (yes/no)? _____ Have you ever been in a psychiatric hospital (yes/no)? _____

Please list names/phone numbers of Physicians who have treated you and/or Facilities where you have received mental health care:

Please sign release forms with the above facilities/programs/counselors and have your mental health/psychiatric care records sent to Hope Center for Women, Inc., P.O. Box 763, Scottsville, Kentucky, 42164.

Have you ever been a victim of rape (yes/no) _____ or incest (yes/no) _____? If YES, how old were you? _____

Have you ever been the victim of sexual abuse (yes/no) _____ physical abuse (yes/no) _____ or ritual abuse (yes/no) _____?

Have you ever been involved in prostitution? (yes/no) _____ Lesbianism? (yes/no) _____

Have you ever tried to commit suicide? (yes/no) _____ If YES, when? _____

Why? _____

Have you ever self-mutilated? (yes/no) _____ How? _____

Family:

Do you and your parents get along? (yes/no) _____

Do you live with them? (yes/no) _____

Are they Christians? (yes/no) _____ If YES, for how long? _____

Denomination and name of church: _____

Spiritual:

Have you ever been involved in any of the following groups? (please indicate yes/no)

Christian Science _____ Mormonism _____ Eastern Religions _____

Scientology _____ Jehovah's Witnesses _____ Transcendental Meditation _____

Brotherhood _____ New Age Movement _____

Please write a brief explanation of your involvement with each: _____

Have you ever committed your life to God? (yes/no)

If YES, on which date and place?: _____

What is your Denominational background: _____

Are you currently a member of any church or religious group? (yes/no)

If YES, which one? (name/city/state) _____

Do you feel that you have a need for God? (yes/no)

Please explain: _____

What is your present relationship with God? _____

Why would you like to come to the Hope Center for Women, Inc.? _____

What would you like to see happen in your life while in this home? _____

Your First 30 Days

It has been our experience that the first 30 days of a resident's stay in our program is filled with many challenges. Most often this includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first reaction of the resident is a desire to leave prematurely before the adjustment period is complete. We have found that after the first 30 days, most of this insecurity passes.

Unfortunately, we have witnessed girls walk away from their opportunity with the Hope Center for Women, Inc. because they do not allow themselves the time necessary for adjustment. With this in mind, we are requiring a strong commitment on your part to enter this program with a determination in your heart to see it through to the end. Your signature to this 30 day commitment form is your agreement not to compromise your decision to change, and, therefore, agreeing to give no time or attention to such ideas as, "I am too homesick," "This is too hard," and/or "I am not ready for this." We understand that feelings of homesickness and missing your families are valid. However, you must decide now that you will choose not to allow these feelings to drive you away from your commitment to receive what God has for you through the Hope Center for Women, Inc. program.

The first 30 days is the first step of many in the healing process. Your signature represents your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to us.

I, (please write your full name) _____, understand that the first 30 days at Hope Center for Women, Inc. is a critical transition period and requires my dedication to fulfill my determination to change. By my signature, I choose not to allow myself to compromise this decision.

If you do not agree to this commitment, please do not proceed with the application process.

If you agree, please sign and proceed to the following page.

Signature of Applicant: _____

Date: _____

Understanding the 12 Month Commitment

The first 30 days are crucial to the program. Your commitment to this initial time will set in motion what you need to complete the program. Once the first 30 days of transition have passed, the next several steps in the healing process will require 12 months and a strong understanding of your commitment. We view this commitment as if it were a legal binding document, signed by you, giving us your word that you will not change your mind about staying with us at Hope Center for Women Inc. for the next twelve months.

It is not acceptable to sign this agreement and then say, "I don't care, I want to go home". We believe God makes a divine appointment for every young woman who comes to Hope Center for Women Inc. This is a place for young women who are serious about changing their lifestyle and/or receiving healing from life issues that have damaged them emotionally, spiritually, and physically. We take our commitment to minister to you seriously, and we expect your commitment that you will focus on working through your issues and allowing the Lord to minister to you while you are here to be equally as serious.

Although each situation is different, the average stay at Hope Center is 12 months; however, there is no guarantee that your healing process will be complete in that amount of time. The staff and counselors of Hope Center for Women Inc. are committed to do whatever it takes to complete what God wants to do in your life.

If you feel you cannot give us your solemn word that you will fulfill this commitment of twelve months (average length of stay), do not sign this agreement. Your life is worth the time, please take it.

God bless you in your decision about your future.

Sincerely,

Sue L. Cline (Hope Center for Women, Inc. Founder & President)

12 Month Commitment

I, (please write your full name) _____, commit to stay at Hope Center for Women, Inc. for a minimum of 12 months (average length of stay). I understand that this is the amount of time generally needed to work through counseling issues.

Before completion of the program, I will meet with my counselor and the program director to discuss my progress. It will be determined at that time and by their discretion whether I should continue in the program or prepare for graduation.

Please read over everything and sign the 12 month commitment agreement. This is an agreement to stick with the program while you are adjusting to your new environment. The staff at Hope Center for Women, Inc. looks forward to meeting you and working with you.

Sincerely,

Signature of Applicant

Date

Signature of Director

Date

MEDICAL INSURANCE INFORMATION FORM

Section A

1. Name, address and telephone number of family practitioner: _____

2. Do you have current individual insurance coverage? (yes/no): _____

Dental (yes/no) _____

Dental (yes/no) _____

Vision (yes/no) _____

Please call your insurance provider for assistance in answering the following questions. If you do not have insurance, please proceed to Section B of this form.

4. Detailed Insurance Information

Name of insurance provider: _____

Policy number: _____

Group number: _____

5. Does your policy provide medical coverage outside of your network for both emergency and non-emergency visits?

Yes/No: _____

If YES, what percentage does it cover? _____

If NO, please specify your coverage: _____

6. Co-pays for Doctor visits

What is your in-network Doctor visit co-pay? (please indicate amount) _____

What is your out-of-network Doctor visit co-pay? (please indicate amount) _____

7. **Do you have prescription drug coverage?** (yes/no): _____

If YES, are prescriptions covered outside of the policy network? (yes/no): _____

- **What percentage?** (please indicate amount): _____

8. **Will your insurance policy cover all of the following possible medical needs while at Hope Center for Women?**

Please mark YES by those that are covered:

- **Emergency Room** _____
- **Hospitalization** _____
- **Lab Work** _____

****If you have no means of financial support in providing your medical coverage while at the Hope Center for Women, Inc., please contact us at 270-618-4673.****

Please read and sign the following:

I, (please write your full name) _____, have read the above medical information. I agree to fully comply with the medical policies of the Hope Center for Women, Inc. and state that the above information is completely accurate. I also understand that the total of all medical expenses acquired while staying at Hope Center for Women Inc. are my responsibility to pay in full.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicable)

Date

RELEASE OF INFORMATION FORM

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Hope Center for Women, Inc. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.

Name of Applicant: _____

Date: _____

I, (please write your full name) _____, do hereby give permission for Hope Center for Women, Inc. to share information related to my application to the program with:

1. _____
2. _____
3. _____

I also give the following person(s) and/or facility(ies) permission to exchange the following information with Hope Center for Women for the purpose of application to the program.

1. _____
2. _____
3. _____

☐ Medical records and information ☐ personal history information ☐ educational information and records

☐ Psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records

This release will expire on (date) _____ unless written notification by the applicant or parent/guardian (if applicable) indicates otherwise.

Signature of Applicant

Date

Signature of Witness

Date

Daily Schedule for the Hope Center for Women, Inc.

****Please note:** This daily schedule is only a guideline. Schedule is subject to change at any time at the Director's discretion, depending on events and activities happening at the home.*

Monday - Friday

6:00am to 8:00am – Get showers and completely dressed for the day. Eat breakfast and ready for devotion.
8:00am to ? – Personal Devotion time with Sue and April. Length of Devotion depend on how God is moving.
10:00am to 11:00am – Personal time with God
11:30am to 12:30pm - Lunch
12:30pm to 2:00pm – Daily chores
2:00pm to 4:00pm - Free time to study/read/watch a Christian show
4:00pm to 6:00pm - prepare dinner
6:00pm to 7:00pm - Dinner
9:00 to 10:00pm - Bed time, lights off at 10:00

Saturday

9:00am to 11:00am – Get showers and completely dressed for the day. Eat brunch.
11:00am to 12:00am – Personal time with God
12:00am to 1:00pm – Clean your rooms and the area of the house that you have assigned to clean
1:00pm to 11:00pm – Free time
11:00pm – Bed time, lights and TV off

Sunday

7:00am to 9:30am - Wake up, eat breakfast, and get ready for church.
9:30am - Leave for church. After church: the rest of the day is free time until church that night.
6:30pm - Leave for church
10:00pm – Bed time, lights and TV off

***Please note:** You will be expected to work in all aspects of the daily routine when the daily schedule has changed due to circumstances with the girls or in the home.*

House Rules and Guidelines

Hope Center for Women, Inc. is a one year program for women who have a desire and willingness to do what it takes for their lives to be changed and transformed through a born again experience with Jesus Christ. They will have a safe and structured home in which to live. They will be taught to have a personal relationship with Jesus and to learn to live life as a disciple of His Word through Biblical teaching and counseling. They will be taught how to live and deal with life issues while remaining sober and drug free through the Christ centered program. Other programs will be offered either through the Hope Center for Women, Inc. or other community resources. These classes will include financial, GED, and parenting classes, etc. Upon graduation, The Hope Center for Women, Inc. will aid each woman in her search for employment as well as transitioning back into her community.

****Please note: All girls are individuals and are treated as such at Hope Center for Women, Inc. Therefore, all rules/guidelines are subject to change at the Director's discretion given the needs and circumstance of the individual girls, as well as the circumstances in the home at a given time.***

Check-In:

- When residents arrive, all of their belongings will be checked in by a staff member and recorded for their protection.
- **Keep in mind that we have very limited space**, so please plan accordingly. Excess items will be returned to your home/family at your expense. **If you are unsure about bringing an item, please call with questions.**
- Upon arrival, you will be furnished with the following items:
 - Bible
 - Journal
 - Pen/Pencil
 - An iron is provided for use in the home
 - An alarm clock, bedding, and pillow are provided in each bedroom
- Hope Center charges no fees for housing or food, but will not be responsible for providing for any personal needs. Please bring items such as shampoo, deodorant, feminine hygiene items, make-up, razors, pantyhose, hair dryer, curling iron, etc. (you need not bring 12 months' supply)
- Please do not bring cell phones or other electronic devices.

Children:

- Hope Center for Women, Inc. is not equipped to house children. You will need to make other arrangements while enrolled in the program.
- Hope Center for Women, Inc. will allow your children to have visitation with you if approved by the court system. This visitation will not start until the staff feel the resident is ready.

Smoking

- Hope Center for Women, Inc. is a tobacco free home and you will not be allowed to smoke or dip on or off the property. If you are caught, disciplinary action will be taken. (See disciplinary action)
- You will be subject to random drug testing apart from the drug testing conducted by parole or drug court. You will also be tested for nicotine.

Relationships:

- You will not be permitted to date or have a personal relationship until you have graduated the program.
- In isolated cases, a married girl will be allowed to enter the program. We will allow the Spirit of God to guide us in each situation, according to what is needed.

Clothes:

- Please remember that the home has other residents; therefore, we have limited closet space. Due to such limited space, please only bring the clothing you know you will need (seasonal, modest, etc.); otherwise, the excess will need to be returned. Please review the dress code section. Do not worry if you do not have many clothes. God has always provided. Please contact us with any questions.

Dress Code:

- Clothing must be clean and modest at all times.
- Bathing suits must be modest.
- Some type of clothing (in addition to underclothing) must be worn at all times, including to and from the bathroom.

Expectations:

- Unless it is court ordered, you will be in the program for a minimum of six months before attaining work.
- You will be expected to abide by the rules of our home while living with us or in an apartment on our land.
- Hope Center for Women, Inc. will not be responsible for any medical, dental, or vision expenses. We will work with providers to get expenses lowered or donated as the need arises.
- Residents are assigned and responsible for household duties that will be supervised by the staff in charge. The same person who does a job incorrectly must correct it.
- When a special need arises, every resident's cooperation in doing extra duties will be required.
- You will be expected to keep yourself clean (which includes a daily bath/shower, hair washed either daily or every other day). See daily schedule for allotted times.
- You will be required to have your hair fixed and makeup applied daily as if going to a job. (See daily schedule for allotted times)
- You will be expected to keep your room clean and the bed made daily.
- You will be expected to keep your laundry (including bed linens) washed and put away weekly.
- You will be expected to clean and straighten closets and drawers monthly.

Activities:

- Everyone participates in all activities unless given special permission to be excused by staff member in charge.
- Girls are to stay together as a group under the supervision of a staff member during activities.
- Residents will have a curfew apart from those assigned through drug court. You will be expected to let staff know where you are at all times. This will vary depending on circumstance and trust.
- Residents will not be allowed to go anywhere without the director or another senior staff member for the first three months at the home or until the staff feels they are ready.
- Residents will be allowed weekend passes after the first six months to visit immediate family if they are passing their test and following all house rules are not in active addiction. (Immediate family includes: mother, father, daughter, son, sister, or brother)
- If resident is in the court system, resident will be required to attend all meetings and classes as ordered. These are separate from those required in the home.
- There will be no use of a computer unless director has authorized use. Even when authorized, computer use will be monitored.
- Resident will not be allowed to view or listen to any TV shows or music in the home that may be a trigger for resident or any other resident to want to use drugs or return to ways of old lifestyle.
- Resident will not be allowed to watch TV shows or listen to music that has profanity in them. This is a Christian home and should be respected as one.

Counseling:

- Each resident will have private, individual counseling sessions as seen as needed by staff. Girls are to notify staff on duty if they need immediate help or counsel.

Church:

- Girls are to attend church services with us three times a week, Sunday morning 10:00am - 12:00pm, Sunday night 7:00pm – 9:00pm, and Wednesday night 7:00pm – 9:00pm. Family is welcome to attend church anytime.
- Girls are to be on time and take their Bible and a notebook.
- Girls are to attend to all restroom needs before service begins.
- Girls are to stay in the church building until the staff member in charge is ready to leave.

Mail:

- All mail will be opened in front of staff.
- Inappropriate correspondence will be denied.
- Residents may be asked not to correspond with individuals who have proven to be a negative influence, or are connected to past problems

Telephone Calls:

- No phone calls for the first three months
- Phone calls will be limited to specific days and times and only family members will be allowed to call or be called.
- We reserve the right to monitor all calls. This will vary according to circumstance and trust.
- No cell phones are permitted until the program is completed.
- Staff members will answer the telephones.

Visitation:

- No visitation for the first three months in the home
- Only immediate family will be allowed to visit resident while enrolled in Hope Center for Women, Inc.
- Visitors will only be allowed when staff members are present and previous arrangements have been made and approved.
- All visitations must be arranged one week in advance.

Prescription Medications:

- If you are on any prescription strength medications please bring a 30 day supply with you upon entry into the program.
- This does not apply for prescriptions which are short term or temporary such as antibiotics, but rather those that is taken on a regular basis.
- Over the counter medications will be provided and available for you on an as needed basis.

All medications should be packed together in one or two large ziplock bags to be handed over to staff immediately upon arrival so that our staff may process them quickly for you.

Money and Identification:

- Any cash, checks, credit cards, and bank cards will be held in an account under your name for the duration of your stay at the Hope Center for Women, Inc. and available for you when needed to be used with staff supervision.
- You are not allowed to keep any money on you. If someone sends you money, it will be put into your account.
- Residents will not be permitted to borrow money from other residents.
- Once the resident attains work and receives a paycheck, staff members will begin to counsel resident on finances so that resident will learn to use money wisely.
- Please ensure that you have a current photo ID and Social Security card regardless of your age.

Please have all of these items together in an envelope or ziplock bag separate from your medications. These will need to be handed over to our staff immediately upon arrival in order to ensure they are processed quickly into our system.

Dismissal:

You may be subject to dismissal from the program for the following behavior:

- Using drugs, alcohol, or cigarettes or for having them in your possession.
- Leaving the property without permission.
- Being continually uncooperative.
- Breaking any laws or failing any drug tests.
- Being rebellious, not abiding by our rules, and/or causing problems for other residents.
- **Not showing a sincere desire for help.** *Girls must be willing to change and have a sincere desire for help.*

Once resident has been dismissed from the program, she will be expected to pack your bags and make housing arrangements immediately.

Check Out:

- When leaving the program, girls will be checked out by a staff member on duty to ensure all belongings are returned and accounted for.

Disciplinary Action:

- If resident fails nicotine testing three times in one month and/or five times total, resident will be dismissed from the program.
- Residents are not allowed to wear patches or chew “nicotine” gum as it will alter test results.
- Individual counseling sessions will be held after each failed test in attempt to help resident overcome this addiction.
- We don’t label smoking as a sin. It is, however, still an addiction.
- Although fighting any addiction is hard, it is possible through Jesus Christ.

COMMITMENT TO HOUSE RULES & DAILY SCHEDULE

I have read the rules of this program and agree to submit to the rules and the staff of Hope Center for Women Inc.. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal to or dismissal from the program. I am signing this of my own free will and being of a sober mind without persuasion from anyone else.

Signature of Applicant

Date

Signature of Director

Date

Signature of Witness

Date

LEGAL WAIVER & MEDIA DISCLOSURE

****If you have any questions concerning the information below, please
contact us at 270-618-4673.****

Please read and sign the following:

I, _____ (print name), have read and understand that under any circumstances that I may not sue or bring a lawsuit against the Hope Center for Women, Inc. or Scott or Sue Cline, any Hope Center for Women, Inc. staff, any Hope Center for Women, Inc. volunteers, or the Hope Center for Women, Inc. Board of Directors for any illness or injury that may occur on or off the property or for any other reason while I am a resident in the program or after I have left the program.

Furthermore, I hereby grant full permission to use my name, testimony, and likeness, as well as any photographs and any record of my time at the Hope Center for Women, Inc. in which I may appear for any legitimate purpose, including advertising and promotion. I also hereby grant full permission to use my name, testimony, and likeness, as well as any photographs and any record of my time at the Hope Center for Women, Inc. on any social media and internet platform of their choosing. I waive my right to bring a lawsuit against the Hope Center for Women, Inc., Scott or Sue Cline, any Hope Center for Women, Inc. staff, any Hope Center for Women, Inc. volunteers, or the Hope Center for Women Board of Directors for any promotional, marketing, advertising, media, or social media related issues, circumstances, or situations.

I agree fully with these policies of the Hope Center for Women, Inc. I am signing this of my own free will and in the witness of a Notary Public.

New Resident's Signature

Date _____

Director's Signature

Date _____

Notary Public's Signature

Date _____