

# RESIDENT AGREEMENT FORM



Upon your reading and understanding of each of the items listed below put your initials on each of the lines to indicate your agreement to each of the statements.

\_\_\_\_\_ 1. I agree to pay the full \$1,200 tuition fee. I understand that I will be expected to pay an additional \$1,200 re-entry fee should I be dismissed or leave the program. I am aware that all fees are non-refundable.

\_\_\_\_\_ 2. I understand that I will be expected to have all my fees paid upon my personal pastimes. Should these be unpaid, I agree to forfeit this time until such fees are paid. Should an outside job be available I agree to be working on personal Pass Time and contributing all monies earned to Life Challenge toward my unpaid fees.

\_\_\_\_\_ 3. Should I be coming from a city or town outside the Detroit area, I agree to have a round trip ticket (bus / train / plane) purchased prior to entrance into Life Challenge (or the appropriate funds to purchase the ticket). I understand if I do not have funds for my return trip home I will be taken to the nearest shelter.

\_\_\_\_\_ 4. Should I leave before graduating, I understand that monies in my personal resident account above \$5 will be returned in the following manner:

a. By check

b. Within five (5) working days; and

c. Mailed to the address I indicate here: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 5. I am aware that I am not permitted to apply for SS / SSI income while a student at Life Challenge. I understand that I will have to discontinue pursuing these funds upon entrance into Life Challenge should I have already applied.

\_\_\_\_\_ 6. I understand that I forfeit my right to apply for or extend unemployment compensation while a student at Life Challenge.

\_\_\_\_\_ 7. Upon entering the program, I give Life Challenge permission to inspect all of my personal belongings.

\_\_\_\_\_ 8. I give permission for authorized personnel to read all my incoming and outgoing mail.

\_\_\_\_\_ 9. I understand it is my responsibility to take all of my belongings with me at the time of departure or to make special arrangements to pick them up. I understand that I am not permitted to take any "blessings" with me, or borrowed items should I leave before my graduation date.

\_\_\_\_\_ 10. I am aware, should I be dismissed or decide to leave of my own volition, I will be expected to exit Life Challenge properties within a 2-hour window.

\_\_\_\_\_ 11. I give permission for authorized personnel to contact the person or persons indicated on my emergency contact information form in the event that I am dismissed from the program or leave of my own volition.

\_\_\_\_\_ 12. I understand that Life Challenge is NOT responsible for any personal property left, lost or stolen from the premises.

\_\_\_\_\_ 13. I understand that Life Challenge cannot and will NOT be held responsible for any personal injury occurring while in the program.

\_\_\_\_\_ 14. I will notify staff and any job detail that I feel would be a risk to my personal safety. I will exercise responsible care in regard to any work detail.

\_\_\_\_\_ 15. (check one) I Am \_\_\_\_\_ I Am Not \_\_\_\_\_ on prescribed medication(s).

List ALL medications if applicable here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Note: (If you are currently on prescribed medications, you will need complete and sign a Resident Medication Agreement Policy form.)

\_\_\_\_\_ 16. I understand that I may not be permitted to receive outside counseling as a resident of Life Challenge. Exceptions are decided by the Director of Counseling.

\_\_\_\_\_ 17. I agree to abide by the written Rules and Regulations for as long as I am a resident in the Life Challenge program. If I have any questions regarding these rules, I agree to ask a staff member for clarification.

\_\_\_\_\_ 18. I agree that I am not signing this form under compulsion by a Life Challenge staff member, intern, or volunteer, nor anyone else affiliated with Life Challenge. I am voluntarily and willingly entering into this agreement of my own volition.

\_\_\_\_\_ 19. I understand that my residency at Life Challenge is at the will of Life Challenge and may be terminated at any time for any reason.

\_\_\_\_\_ 20. I hereby grant to Life Challenge, its representatives, and employees the right to take photographs and videos of me and my property in connection with Life Challenge Ministries. I authorize Life Challenge, its assigns, and transferees to copyright, to use and to publish the same in print and / or electronically. I agree that Life Challenge may use such photographs of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content.

I have read each of the items on this form or have had them read to me and their entirety. I understand the content of this form and I consent to each of the conditions listed above.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Dated: \_\_\_\_\_