



## PRE-ADMISSION PACKET



House of Freedom  
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Kissimmee, Florida 34744  
407-957-9077

REV: 05062014



# Admission Packet Contents

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## PART I

### Mission

Thank you for considering House of Freedom (HOF) as your behavioral health provider. We are committed to our clients' treatment and expect that you will be equally committed.

- HOF is a non-profit faith based residential substance abuse treatment center that is licensed by the Department of Children and Families. We offer a wide array of services in order to meet your individual needs.
- The mission of House of Freedom is to provide each client the opportunity to achieve the highest physical, psychological, and spiritual well-being. Care, Compassion, and Compromise will be basic principles to attain this, sustained by a neat, secure, and reliable environment.

### Services

- House of Freedom offers its services to all races, cultures, and ethnic groups without discrimination. Clinical and therapeutic services are offered in Spanish and English settings. Nevertheless, it is important to note that the spiritual component of treatment will expose program participants to three religious services a week, which are conducted in Spanish and translated into English. Moreover, Spanish is the primary language of the majority of the program participants.
- House of Freedom offers all of its clients a balanced diet. Nevertheless, all clients who suffer from stomach and/or gastrointestinal problems that require a special diet, must participate from the Wellness Program offered by the institution, which has an additional cost.

## Instructions

Step 1 **Parent(s)/Guardian/Financial Custodial** please read and sign the following documents:

- Rehab Application Form
- Admission Certificate
- Admission Requirements Checklist
- Initial Payment

Step 2 Send all completed/signed documents by fax to 1-888-702-0079.

Step 3 Call to confirm that all information/documents have been received by the Admissions Coordinator.



## PART II

HOUSE OF FREEDOM REHAB APPLICATION FORM			
APPLICANT INFORMATION: PARENTS/GUARDIAN/FINANCIAL CUSTODIAN			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Previous employer:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Previous employer:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
CO-APPLICANT: PARENTS/GUARDIAN/FINANCIAL CUSTODIAN			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			



HOUSE OF FREEDOM REHAB APPLICATION FORM			
CREDIT CARDS			
Name as it appears on the card	Account no.	Expiration Date	CVC Number
METHOD OF PAYMENT (PLEASE CHECK ONE)			
Deposit to Banco Popular Puerto Rico	<input type="checkbox"/>		
Transfer Money to Bank of America	<input type="checkbox"/>		
Credit Card	<input type="checkbox"/>		
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
I authorize House of Freedom, Inc. to verify the information provided on this form as to my credit and employment history.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

## Admission Certificate

*To be completed after final agreement*

Name of Client (person being admitted) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I certify that my name is \_\_\_\_\_. Relationship \_\_\_\_\_  
(Name of financial custodian)

2. My ***address and 3 phone numbers*** are ( ) \_\_\_\_\_, ( ) \_\_\_\_\_,  
( ) \_\_\_\_\_; Address \_\_\_\_\_  
\_\_\_\_\_.

3. I certify that I commit myself to supply all of the needs and personal effects of my family member admitted here for the entire duration of time that treatment is being given.

4. I certify that it has been explained to me and that I perfectly understand the program in which my relative is being submitted to, which is based on a Christian foundation.

5. I certify that \_\_\_\_\_ has not tested positive to HIV/AIDS  
(name of person being admitted)  
hepatitis, tuberculosis or syphilis.

6. At the moment I am making a payment of \$ \_\_\_\_\_ for the enrollment fee and \$ \_\_\_\_\_ for the  
1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> monthly tuition. The monthly tuition is due each month on the day in which the  
(circle the corresponding ones)

admission occurred. Failure of payment on or before its due date will result in a daily late fee of \$5.00. It has been explained to me and I perfectly understand that this money and any other monthly tuition, **IS NONREFUNDABLE** in the event of abandonment, expulsion or any other situation in which the client does not complete or start the program. In the event that the client is not admitted immediately once enrolled, the initial payment will reserve a place in the institution for the period of 30 days, starting from the date of enrollment.

7. Upon the completion of the first 30 days, I understand that the case of my family member will be re-evaluated to determine if additional services are needed. Therefore, there is a possibility that the monthly tuition is subject to change. If I do not agree with any readjustment to the monthly tuition, I will make the necessary arrangements to transfer my family member to another institution or place of living immediately.

8. I understand that the monthly tuition **does not include** general medical services such as physical exams, diagnosis, recommendations and prescriptions. Does not include medications, hospitalization and/or drug test.

9. I understand that in the event of abandonment, expulsion, and/or any other situation in which the client does not finish the program, House of Freedom **is not responsible** for clothing and/or personal belongings left inside or outside our institution.

10. I certify that I have read all of the rules of the program and that I will comply with all.  
**FOR THE RECORD, I sign this agreement today, \_\_\_\_\_ of \_\_\_\_\_ of the year \_\_\_\_\_.**

\_\_\_\_\_  
DECLARER (Parent/Guardian)

## Admission Requirements

1. \_\_\_\_ (2) photos 2 x 2
2. \_\_\_\_ Social Security Card
3. \_\_\_\_ Photo identification (ex. Driver's license, State ID, or Passport)
4. \_\_\_\_ (3) Sets of twin sheets, color white, new, and including pillowcase, fitted sheet, and flat sheet. (These will not be returned under any circumstance)
5. \_\_\_\_ Bible (New Kings or New International Version if in English; Reina-Valera if in Spanish)
6. \_\_\_\_ Bathrobe
7. \_\_\_\_ Returning airfare ticket with open date or a \$200.00 deposit.
8. \_\_\_\_ Personal articles (SEE APPENDIX)
9. \_\_\_\_ Clothing (SEE APPENDIX)
10. \_\_\_\_ *\$300.00 if client is being admitted after 4 p.m. during business days*
11. \_\_\_\_ *\$475.00 if client is being admitted during the weekend.*
12. \_\_\_\_ 30-day supply of medications for pre-existing conditions (if applicable)
13. \_\_\_\_ Deposit of \$25.00 minimum for client's personal account
14. \_\_\_\_ Initial Payment (includes Enrollment Fee & First Month Tuition)
  - **Enrollment Fee:** includes physical exam, blood test, tuberculosis test and venereal diseases test.
  - **First Month Tuition:** includes natural detoxification through sauna aroma therapy, individual and group psychotherapy, individual treatment, and residential services.

**Payments should be in our offices on or before the due date.**

**WE DO NOT ACCEPT PERSONAL CHECKS**



## Admission Requirements - APPENDIX

### Personal articles

- toilet paper
- soap
- shaving blades
- deodorant
- shampoo
- mouthwash (ALCOHOL-FREE)
- towel (white colored)
- hamper (must be **mesh laundry bags**)
- pillow
- hangers (white colored and plastic)
- quilts
- loose-leaf paper / notebook
- envelopes

### Clothing (please do not exceed quantities indicated)

- 10 Shirts (short/long sleeve, polo, etc )
- 8 Shorts (basketball, swim wear, etc.)
- 14 Socks (dress, casual, etc.)
- 14 Underwear
- 14 Under shirts
- 3 Suits
- 6 Dress longs-sleeve shirts
- 6 Dress Pants
- 3 Jackets
- 3 Sweaters
- 7 Pairs of Shoes (dress, casual, play, slippers, work, etc.)
- 5 miscellaneous
- Ties (no more than 20)



## Initial Payment

I, \_\_\_\_\_, family member/relative of \_\_\_\_\_,  
(Name of person being admitted/client)  
am making a payment in the amount of \$ \_\_\_\_\_ to cover for \_\_\_\_\_  
\_\_\_\_\_ for the named client.

### Choose one (1) of the following payment methods:

\_\_\_\_\_ Cash / Money Order / Cashier's Check deposit to *Banco Popular de Puerto Rico*.  
(Circle one)

To obtain account number and additional information, contact administrative office.  
**Send copy of receipt by fax to 1-888-702-7004. Please write client id# and purpose of payment on the receipt.**

\_\_\_\_\_ Cash / Money Order / Cashier's Check deposit to Bank of America.  
Circle one

To obtain account number, contact administrative office.  
**Send copy of receipt by fax to 1-888-702-7004. Please write client id# and purpose of payment on the receipt.**

\_\_\_\_\_ Electronic Transfer to Bank of America. (To obtain account number, contact administrative office)  
**Please print confirmation receipt, include client id# and purpose of payment on receipt and fax to 1-888-702-7004.**

\_\_\_\_\_ Electronic Transfer to *Banco Popular de PR*. (To obtain account number, contact administrative office)  
**Please print confirmation receipt, include client id# and purpose of payment on receipt and fax to 1-888-702-7004.**

\_\_\_\_\_ Credit Card (A transaction fee applies to all credit cards transactions)

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ Zip code \_\_\_\_\_

**Important Note:** Please send a copy of driver's license or photo ID and copy of the credit card, front and back.

It has been explained to me and I understand that all money deposited to House of Freedom is **NONREFUNDABLE** in the event of abandonment, expulsion or any other situation where the client does not finish or start the program.

### **WE DO NOT ACCEPT PERSONAL CHECKS**

Name of Parent/Guardian:	Signature of Parent/Guardian:
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Authorized Date:	Name of Client:
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