

# FEES AND VOLUNTARY FINANCIAL SUPPORT

Revelations of Freedom Ministries  
Blue Ball, Pennsylvania

I acknowledge that I have made application for admission into the program of Revelations of Freedom Ministries Training Center (hereafter referred to as the Training Center). This is my written acknowledgement of my awareness of the applicable fees or costs that I will be solely responsible for as well as any voluntary financial support that may be required of me, if applicable.

- (1) I understand that I am responsible for the Entrance Fee of one thousand dollars (\$1000) plus \$250 a month to cover housing expenses starting the second month. The fees are **non-refundable** once paid regardless of my entrance into the program formally or my failure/inability to complete the program for any reason.
- (2) I understand that when I am transferred to the 2<sup>nd</sup> phase of the program I must pay rent of \$500 a month. **\*\*In second phase a student can have a job.**
- (3) I understand that any and all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health care and health related issues would be solely my responsibility to pay.
- (4) I understand that there will be a transportation fee for any personal transportation that I may need the Center to provide me while in the program. This includes transportation to any medical appointments, transportation to public transportation (airport, bus terminal, etc.) for approved passes, other referral sources, or my final departure from the program. I agree to pay the Center all transportation fees for appointments being made or travel plans being executed at the going market rate per mileage. I also understand that the fees for transportation must be paid before you are able to transfer to the second phase ROFM.
- (5) **I understand that it is my responsibility to apply for Public Assistance benefits that I may be entitled to while enrolled in ROFM training center if the center I attend is privileged to such government programs. I understand that I will contribute 80% of any cash assistance benefits to the Center monthly and that I will turn over 100% of all food stamp benefits to the Center monthly in order to help offset the cost of my participation in ROFM.**
- (5) I understand that any other sources of income I receive while enrolled in the program (i.e.: disability benefits, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to the Center up to the equivalent amount of total public assistance benefits I would have been entitled to were it not for these other sources of income. I will surrender the specified amount to the Center monthly.

Resident Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

