



Financial Responsibilities Form

By signing this agreement, you agree to the financial responsibilities of the program at LifeGate Freedom Recovery Ministries. We are here to teach you responsible living based on the Scriptures. The cost for each resident depends on which individual program they are enrolled in. See the following:

- **Disability Program (DP):** Fees are \$125 per week plus \$50 for food unless the resident has the \$194/month SNAP benefits through LifeGate. If their SNAP benefits are less than \$194/month, the resident must pay the difference.
- **Already Employed Program (AEP):** Fees are \$125 per week plus \$50 for food.
- **10 Month (10P)/ 7 Month (7P) Programs:** Fees are \$250 per week plus \$50 for food unless the resident has the \$194/month SNAP benefits through LifeGate. If their SNAP benefits are less than \$194/month, the resident must pay the difference. These programs work in connection with the Oklahoma Department of Rehabilitation Services (DRS). Once the resident attains employment, rent is \$125 per week. After attaining employment, the *Rent Forgiveness Grant* is applied to cover a resident's rent up to the point of the resident's employment. In addition, it is the resident's responsibility to inform DHS within 10 days of employment after which the resident must begin to pay LifeGate \$50 per week for food.

All resident's performing temporary work outside the facility by which they are paid are required to contribute 50% of their earnings to LifeGate Freedom Recovery Ministries that will be applied to their account. It is also expected and encouraged for the resident to tithe 10% of their earnings to a ministry of their choice.

All resident's in the Disability Program (DP) and Already Employed Program (AEP) utilizing transportation privileges from LifeGate must pay their bill each week. Resident's in the 10 Month (10P) and 7 Month (7P) Programs must pay their accumulated transportation bill within the first month of employment.

Resident Signature: _____ Date: ____/____/____



Staff Signature: _____ Date: ____/____/____