



TEARS OF TRAUMA

— F O U N D A T I O N —
HEALING TOGETHER BY FAITH

Transitional Housing Acceptance & Acknowledgement

Applicant Acceptance & Acknowledgement

Today's Date: _____

Acceptance and acknowledgement of being a residence for the Tears of Trauma Foundation Transitional Housing Program have set forth a five-phase process that is part of the program. By signing below, you are agreeing to adhere to all the below.

I, _____, understand the program in full that Tears of Trauma Foundation runs, and fully acknowledge the process that is set in place for my own healing. I also agree to attend once a week the following: one on one counseling sessions with a Pastoral Counselor, and Group Sessions with the other residence at the Tears of Trauma Foundation Transitional Housing Program. I acknowledge that it is for my wellbeing, and for my future.

I further understand and agree that it is a six-month minimum stay at Tears of Trauma Foundation Transitional Housing, and I will be required to pay monthly rent in the amount of \$475.00 (five hundred dollars and zero cents) upon acceptance in the Tears of Trauma Foundation Transitional Housing Program, and on the first day of each month thereafter, while I am in the program. I also understand there will be a non-refundable deposit in the amount of \$200.00 (two hundred dollars and zero cents) to cover my application fee, and administrative fee.

I understand I will have a roommate and will share the responsibility of keeping the room assigned to me clean.

I understand that if I do not adhere to this agreement that I will have two weeks to remove my belongings and myself from the transitional program and will receive in writing from the Executive Director as to the reasons for being terminated from the transitional program.

I acknowledge that Tears of Trauma Foundation Transitional Housing Program is a Faith Based program that works a lot on peer on peer mentoring and counseling.

The following are Tears of Trauma five-phase process:

1. No contact with anyone other than residence for 30 days. (No cell phones, tablets, or computers are allowed)
2. Phone calls are allowed after 30 days, but only on the weekends.
3. Attending weekly Bible Study on Wednesday.

4. Anger management, trauma, AA/NA, financial classes.
5. Enter our savings program.

Signature: _____ Date: _____

Step 1: Print the application and completely fill it out with your signature and date.

Step 2: Scan a copy of your DD214, completed application, acceptance and acknowledgement, and VA Disability Letter (if applicable).

Step 3: Email all applicable documents to housing@tearsoftraumausa.org

Questions? Call: 770-285-8550