

Freedom Counseling Services

PO Box 1260

Lafayette, Georgia 30728

freedomcounseling@msn.com

Phone: 706-506-7792

Fax: 706-944-4191

FINANCIAL AGREEMENT

- *The Administrative Fee of \$850.00 must be paid in full or payment arrangements must be made before a bed assignment will be finalized. (Please initial indicating that you have read this item). _____*
- *Please provide the contact information for the person that will be paying the Administrative Fee or making these payment arrangements. **THE CLIENT CANNOT BE LISTED AS THE PERSON RESPONSIBLE UNLESS YOU HAVE THE CASH ON HAND. IF YOU LIST YOURSELF AND DO NOT HAVE THE MONEY, YOUR APPLICATION WILL BE DENIED.** Name _____ Phone Number _____*
- ***The client must have someone to assist him with grocery money until he is able to get on Food Stamps or until he is current on all client fees.** The grocery money consists of \$20 per week for house groceries, which covers the evening meal and other items for the house such as cleaning supplies and paper products, and his personal groceries for breakfast and lunch. We recommend between \$20-\$30 per week for personal groceries. Please provide the name of the individual who will be paying the \$50 per week until you obtain Food Stamps. **THE CLIENT CANNOT BE LISTED AS THE PERSON RESPONSIBLE.** Name _____ Phone Number _____*

Print Client's Name: Last _____ First _____ Middle Initial _____

Client Signature _____ Date _____

Witnessed by _____ Date _____

.....
Please fax completed application to Freedom Counseling Services at 706-944-4191 or scan and email to freedomcounseling@msn.com