



Sponsorship Agreement

Sponsorship

House of Timothy requires that every Resident in our residential program have a Sponsor. The Sponsor may be a parent, relative, legal guardian, or any other individual or organization willing to assume the role. Sponsors support the Residents during their time in the program. Sponsorship includes partnering with House of Timothy towards the goal of health and healing in Jesus Christ for the resident. This partnership includes:

1. Prayerfully supporting the Resident on their journey,
2. Communicating with the Resident throughout the year with written correspondence and/or telephone calls offering encouragement and support,
3. Communicating with the ministry about the Resident and their progress,
4. Cooperating with the ministry about Resident care issues, and
5. Providing funding for the costs of the Program as outlined in this document.

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(Sponsor's Legal First and Last Name or Org. Name)

(Resident's Legal First and Last Name)

I, the Sponsor, hereby enroll the Resident in the House of Timothy (the "Program"). I am (check one) _____ the legal guardian of the Resident _____ authorized by the legal guardian of the Resident to enroll the Resident in the Program. As the Sponsor, I assume the financial and other responsibilities of the Program as outlined herein.

Sponsor's contact information is as follows:

(Contact First and Last Name)

Email Address

Mobile Phone Number

Home Phone Number

Work Phone Number

Physical Address: ### Street Apt # City State Zip Code

Mailing Address: ### Street Apt # City State Zip Code



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The authorized Emergency Contact (someone other than the Sponsor) for the Resident is as follows:

_____		_____			
<i>(Legal First and Last Name)</i>		<i>Email Address</i>			
_____		_____		_____	
<i>Mobile Phone Number</i>		<i>Home Phone Number</i>		<i>Work Phone Number</i>	
_____		_____		_____	
<i>Physical Address: ### Street</i>		<i>Apt # City</i>		<i>State Zip Code</i>	
_____		_____		_____	
<i>Mailing Address: ### Street</i>		<i>Apt # City</i>		<i>State Zip Code</i>	

(1) **CONTACT UPDATES:** I agree to inform House of Timothy within 24 hours of any changes to the Sponsor’s or Emergency Contact’s information above.

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(2) **FIT TO PARTICIPATE:** To the best of my knowledge, the Resident is physically and emotionally fit (unless otherwise disclosed on the Resident Application form) and does not suffer from any illness, disease, injury or handicap which would hamper or impair his participation, or would cause illness, disease or injury to other participants or Program staff.

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(3) **TRANSPORTATION:** I understand that House of Timothy does not provide external transportation for the Resident outside of House of Timothy organized activities. External transportation includes but is not limited to initial drop-off, early disenrollment, medical appointments, legal appointments, and other such obligations.

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(4) **PHYSICAL RESTRAINT:** In extreme cases, where the Resident is deemed by Program staff to be a danger to himself or others, I hereby authorize Program staff to physically restrain the Resident until the danger has passed, at House of Timothy’s sole discretion.

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(5) **PROPERTY DAMAGE:** I understand that I am financially responsible for any personal or property damage done by the Resident, including negligent personal harm or injury inflicted to another individual by the Resident.

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(6) **HEALTHCARE:** I understand that House of Timothy does not provide health or dental care to Residents, other than basic first aid, over-the-counter pain relief medication, and the administration of authorized prescriptions. If the Resident is injured while under the care of House of Timothy and requires major medical



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treatment, I hereby direct House of Timothy to contact the Sponsor, the emergency contact, or (as applicable) a parent of Resident. If unable to make contact, then I authorize any medical treatment deemed necessary and appropriate, and any procedure recommended by doctors or other health care providers.

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- (7) **RECORDING / MEDIA CONSENT:** I permit the House of Timothy, Inc. to utilize photographs, video and other media of the Resident in marketing and fundraising materials and on social media, and waive all right of compensation. Public spaces in the Residence are subject to video monitoring and recording.

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- (8) **RELEASE OF LIABILITY:** I hereby release all claims owned by me, the Resident, and the Resident's relatives and legal guardians against House of Timothy, its employees, agents, representatives, and any and all other persons involved, including but not limited to those arising from Healthcare, Physical Restraint, Disenrollment, and Transportation. With the same understanding I release and hold House of Timothy, Inc. harmless for any and all loss of/or damage to property owned by, or relating to, the Resident while in the Program.

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Resident Needs List

Residents should arrive with the following. All clothing items should be marked with the Resident's last name with a permanent marker in an area not visible when worn.

- | | |
|--|---|
| <input type="checkbox"/> 1 pair dress slacks (suitable for church, special events, and graduation) | <input type="checkbox"/> 5 pairs of socks |
| <input type="checkbox"/> 2 dress shirts (as above) | <input type="checkbox"/> 1 personal blanket |
| <input type="checkbox"/> 1 tie | <input type="checkbox"/> 2 sets of towels and wash cloths |
| <input type="checkbox"/> 1 pair of dress shoes | <input type="checkbox"/> One of each toiletry: shampoo, conditioner, deodorant, hair spray (no aerosol), body wash/soap |
| <input type="checkbox"/> 3 pair of khaki pants (Fitted) | <input type="checkbox"/> 1 hairbrush/comb |
| <input type="checkbox"/> 2 pairs of shorts | <input type="checkbox"/> 1 toothbrush / tube of toothpaste |
| <input type="checkbox"/> 1 pair of athletic shoes, black or white. (No shoes over \$100) | <input type="checkbox"/> 1 electric shaver (no disposable or other types of razors) |
| <input type="checkbox"/> 1 pair flip flops/sandals | |
| <input type="checkbox"/> Umbrella | |
| <input type="checkbox"/> 5 boxers or briefs | |
| <input type="checkbox"/> 2 pairs of PJs, boxers or shorts for sleeping | |



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Upon arrival, Residents will be issued:

1 NKJV Bible	2 containers for toiletry items
2 P.E. Uniforms (Shirts, Shorts)	Christian school curriculum & materials
3 Uniform polo shirts	

Other items and services that will be provided by House of Timothy as needed:

#2 Mechanical Pencils, Pens, Stationary, Postage Stamps	\$10 per week allowance starting in Phase III of the Program
Plastic Hangers, Laundry Detergent, Toilet Paper, Paper Towels	Individual and Group Therapy Sessions
NIX™ Lice Treatment Shampoo	Educational Lessons and Sessions
Over the Counter Pain Reliever	24/7 Supervision
Basic First Aid Supplies	Monthly basic haircut - REQUIRED (or Family/Sponsor can provide during visitation)
5 Panel Drug Test Kit	

If the Resident outgrows, loses, damages, or fully consumes any of the items listed above, the Sponsor will replace the item within 7 days of notification (preferably sooner for consumables).

Items can be ordered online by the Sponsor and shipped directly to the house if needed. For any **issued** item, House of Timothy will replace the item at its cost and add the cost to the Sponsor's next invoice.

If a Resident arrives for onboarding missing an item, or an item is consumed, outgrown, lost, or damaged and not replaced by the sponsor within 7 days of notification, House of Timothy at its discretion may purchase the item for the resident and include the purchase price plus the greater of either \$2.00 or 20% of the purchase price and add the cost to the Sponsor's next monthly invoice.

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Communications

All communication to House of Timothy and to the Resident during his time in the Program shall be sent via:

Email: connect@houseoftimothy.org
Phone Number: (407) 906-GROW (4769)
Mailing Address: House of Timothy, Inc.
Attn: (Resident or Staff Member Name)
PO Box 3682
Orlando, FL 32802

Packages must be pre-approved by Program staff before delivery and are subject to inspection. Any items not pre-approved will be returned to Sender at Sponsor's expense.



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Program Cost

The Program Cost consists of a non-refundable enrollment fee to cover onboarding costs and initial materials and supplies, and a monthly fee **paid in advance** of each month. There are also 3 levels of **need-based** scholarships available to be awarded at the sole discretion of House of Timothy, Inc., based on prior year tax returns and/or other proof of income.

	Non-Refundable Enrollment Fee	Monthly Cost	House of Timothy Signature of Award Level	Due on Admission
Program Fee	\$937.50	\$3,750.00	x _____	\$4,687.50
Scholarship Level I	\$750.00	\$3,000.00	x _____	\$3,750.00
Scholarship Level II	\$562.50	\$2,250.00	x _____	\$2,812.50
Scholarship Level III	\$375.00	\$1,500.00	x _____	\$1,875.00

Please and make payments according to the row above with a signature from an authorized representative of House of Timothy, Inc. corresponding to the awarded Scholarship Level. The amount Due on Admission is required before the Resident will be onboarded on their designated onboarding day,

(Month, Day, Year)

Payment of the monthly fee is due on that same calendar day each month as the onboarding day (e.g. if admitted on the 12th, payment is due by the 12th of each subsequent month).

(1) **LATE PAYMENT:** House of Timothy understands that circumstances sometimes impact the ability to pay on time. If the Sponsor notifies House of Timothy **in writing before the payment due date**, House of Timothy can offer a grace period of 7 days before the Resident will be Disenrolled from the Program. If no notification is given, the Resident shall be Disenrolled from the Program 3 days of the payment due date.

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(2) **INCOMPATABILITY:** Under certain circumstances, a Resident may be deemed incompatible with the Program. House of Timothy will make reasonable attempts discuss with Sponsor what steps Resident may need to take to remain in the Program. Regardless, House of Timothy may at its own discretion Disenroll the Resident from the Program at any time, following the Disenrollment process outlined herein. Similarly, the Sponsor may choose to Disenroll the Resident at any time for any reason.

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(3) **DISENROLLMENT:** The process to Disenroll a Resident is as follows:



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- a. House of Timothy will notify the Sponsor and/or the Emergency contact upon Disenrollment by all available means (phone, text, email) and at a minimum every 2 hours thereafter for up to 8 hours.
- b. The Sponsor will ensure transportation for the Resident and his belongings to a Sponsor-designated location within 8 hours of Disenrollment.**
- c. If the Sponsor does not arrange for transportation with 8 hours of disenrollment, House of Timothy at its sole discretion may transport the Resident to the address provided by the Sponsor below or arrange for governmental organization or agency to step in.

###	Street	Apt #	City	State	Zip Code
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- d. Sponsor agrees to **notify House of Timothy, Inc. of any changes to this address within 24 hours.**
- e. All materials issued by House of Timothy shall be returned.
- f. There will be a pro-rated refund of 50% of the amount paid that month times the number of days remaining in the month. Any costs incurred by the Resident as described in this document shall be deducted from the refund. If costs incurred by the Resident are greater than the amount of the refund, Sponsor will be financially responsible for the difference.

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Signature

By signing below, I represent that I have read this document and agree to its terms and conditions in its entirety.

<p>x _____ (Sponsor's Signature)</p>	<p>_____ (Month, Day, Year)</p>
<p>_____ (Printed Name)</p>	