A drawing of a face

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Dear Family Member,

As you know, your loved one is now a student in our long-term Christian discipleship-training program. He will be a resident at The Freedom Home for 6 months (a formidable task but achievable). This is perhaps his first genuine step towards dealing with his life-controlling problems. Therefore, at her request, I am inviting you to participate in her rehabilitation while she is here. You may do so by calling, writing, or visiting. Only six families will be permitted to visit during these times. Due to outside activities we will occasionally be forced to alter the visitation schedules.

To assure that she receives the best possible care, both you and the student should participate with us in following our proven policies and guidelines. Thank you for your cooperation and understanding.

Who May Visit

Our policies require that only immediate, biological or legally adopted family members including mother, father, sister, brother, grandmother, grandfather, wife, child, niece, and nephew (nieces and nephews must be age 16 or under) be permitted to communicate (visits, phone calls, or mail) with a student in the program. Therefore, only approved visitors will be permitted communication. Only four persons maximum are allowed per visit.

During the Visit

* Upon arriving, you must report directly to the administration office to sign in. Visitors age 16 and up must present a photo identification during registration for visits. All visitors under 16 years of age must present their social security card for identification. (If a social security card is unavailable, a birth certificate is permissible.)
* Any and all items (including money, tapes, books, etc.) intended for your loved one will be received, carefully reviewed, and given to him by staff following his visit. Any money received will be placed into his personal account up to his account limit or his travel account, whichever is indicated by the giver. Money given for or mailed to a student for his personal account must be in the form of cash or a money order made out to the student. Personal checks will be refused.
* During your visit, we ask that you remain at the assigned visitation site and that any children remain seated and with you at all times.
* You must refrain from visiting with other students while on campus.
* You may not deliver or mail out any written correspondence for any student under any condition. To do so will mean permanent loss of your visitation privileges.
* Absolutely no illegal drugs, alcohol, or tobacco products are permitted on campus.
* Ladies must dress modestly and with propriety. Braless attire, short shorts, or short dresses, etc., are not permitted.

For the safety of visitors as well as staff and students, visits may be canceled if our location develops inclement weather conditions. During months with dynamic weather, you may want to call the training center to confirm a tolerable weather status before you come.

Each student is allowed one 20-minute phone call per week. This phone call will be established upon the student’s successful completion of his first 14 days in the program. She will be contacting you to schedule her weekly phone time.

We have learned much during our many years of working with persons experiencing life-controlling problems. We know that you desire to see your loved one become completely well and functional. Therefore, we suggest the following guidelines and trust you will cooperate with us in following them.

In many, and perhaps most, families with a troubled individual, co-dependency exists. We find this to be especially true with mothers. Co-dependency is the result of a person’s sincere efforts to make that individual well. Unfortunately, the troubled individual is to the point that the helper believes he/she is the only person who understands the individual, and then tries to “rescue” the individual from his problems and responsibilities. In turn, the one needing help turns and manipulates the helper. As a result, the helper becomes an enabler. If this behavior continues, both individuals are adversely affected.

It is for this reason that we strongly recommend you release your loved one into our care and allow us to help him with his problems. At the Freedom Home, we will not enable her. Rather we will require that she stop her manipulative behavior, and, thus, grow to learn how to accept responsibility for her problems and actions. This is the only way she will ever become spiritually and physically well, emotionally mature, and a productive member of society. We further suggest that you not feel compelled to visit her more than once monthly. If you experience guilt and fear for not visiting her each week, you may have a co-dependency problem. Let’s face it—she needs to grow up, and both of you can use the break.

We have a program that works, and therefore, we will expect you to be supportive of Freedom Home policies and procedures in every way. Your loved one is being given the tools to function normally in society, which includes extensive Biblical training. You may possibly have doctrinal views that differ from those of The Freedom Home, and we respect that. However, I strongly recommend that you not engage in a debate of those differences with the student. This will do nothing but create confusion, which will only hinder her continued success in overcoming her life-controlling problem.

An angry mother once called questioning why we had “abused her daughter while she was a student in our program”. She was only here for one week, decided she did not want to deal with her problems, and left to return home. Amazingly, the day before her enrollment, her mother had shared with us that her daughter was a manipulator and often lied. Of course, we had not abused her daughter, but in only one week she had forgotten about her inability to be truthful. In order to manipulate her way back into her home it was necessary to blame the program. As you know, it is the nature of dysfunctional persons to blame someone else. Therefore, if your loved one makes any accusation about the program or another student, it will be wise and very important that you, I, and the student discuss the accusation before drawing any conclusions. We must work together to prevent further manipulative behavior on her part.

As you know, your loved one, by state law, is a consenting adult. We are required to protect her confidentiality; therefore, we will only discuss her progress with you with written consent. We will be happy to schedule a conference with you and her under the following conditions:

A. You, as an immediate family member, have cooperated with the program policies and procedures in every way. Failure to do so may result in your being denied visiting privileges for as little as two weeks and perhaps permanently.

B. You are showing your support of the program by being an active **“Student Sponsor”**. The cost of caring for your loved one will average $600.00 per month, which we must raise. If you are a parent, we expect you to help us help your daughter by becoming a Student Sponsor. If you are not a parent, we still encourage you to assist your loved one by being a Student Sponsor.

The Freedom Home is incorporated under Federal Code 501-C-3 as a non- profit organization and is audited annually by an independent auditing firm. FCM Freedom Home does not receive government support in any form for the services we provide. We are governed by a Board of Directors, which consists of community business leaders and ministers.

Federal Law does not permit us to acknowledge your loved one’s presence in The Freedom Home. Only when a student has given us explicit written permission may we reveal her presence in our program and answer general questions pertaining to her over the telephone or in person. With whom we may share this information is further limited to family members of the student’s choosing whom she lists for us during enrollment. If you have been listed and wish to call the training center to make inquiries, be prepared to give us your loved one’s full name and birth date each time you call.

In closing, we look forward to helping your loved one become a whole person, and we look forward to meeting you. Please complete all sections of the attached form to verify that you have thoroughly read this letter; that you are indeed an immediate, biological family member; and that you understand your responsibilities during a visit. Also, on this form you will indicate your student sponsorship status. You will then be placed onto your loved one’s list of approved visitors.

Again, I look forward to meeting you. Should you have any questions you may contact our office at (304) 459-3728.

You must complete and return this form prior to being approved for phone calls, letters, or visitation.

**You must give all requested information and sign and date where applicable.** Witness lines must

also be properly completed**. If any part is incomplete, the entire form is void** **and will not be processed.**

We will not accept faxed documents. Mail your form to:

*The Freedom Home 119 W. 6th St East Liverpool, OH 43920 (304)459-3728*

**A. FAMILY VISITATION AGREEMENT**

Please initial this line after you have **thoroughly** read the attached family visitor letter.

I verify that I am (please print **your** name) ,

(please print the **student’s** first and last name) ’s

(please indicate your relationship to the student) .

Is your relationship to the student a biological relationship? (Write Yes or No) .

I agree to follow the established policies, guidelines, suggestions, and procedures of FCM FREEDOM HOME.

Your name

Mailing address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Phone - -

Signature Date

**B. STUDENT SPONSORSHIP**

**We need your help to care for your loved one**. Therefore, we look forward to you becoming a student sponsor. This ministry depends on donations from family members, community contributors, and churches to cover the cost of caring for your loved one. To house, feed, and instruct your family member alone, it will cost The Freedom Home approximately $600.00 per month. Family Care Ministries Freedom Home is a non-profit 501-C-3 organization and does not receive government support in any form for the services we provide.

I am supporting my family member, who is a student in The Freedom Home training program. I will sponsor her for *(You must select one of the* ***following monthly sponsorship amounts or this form will be incomplete & void)***:

**$1000\_\_\_ $700\_\_\_ $500\_\_\_ $300\_\_\_ $200\_\_\_ $150\_\_\_ $100\_\_\_ $50\_\_\_ $25\_\_\_ $0\_\_\_\_\_\_**

71% 50% 36% 22% 14% 11% 7% 4% 2% 0%

**C. VISITATION LIABILITY RELEASE \***If a parent or guardian signs for a child, the signer must indicate his or her

relationship to the child. Also, that same parent or guardian may not act as witness for that child.

I do hereby state that I have requested permission to visit

on the campus of the FCM Freedom Home Training Center. Student’s Full Name

In the event I or any of my children should become injured in any way during any or/and all of my visits, I hereby release the ministry of The Freedom Home, its staff, and its Board of Directors of any and all liability claims of any type.

Should I or any of my children incur an injury of any type during my visit, I agree to be fully responsible for any and all medical costs as a result of the injury.

I further release The Freedom Home, its staff, and its Board of Directors from any and all responsibility for my personal safety and welfare during the visitation.

Visitor’s Signature Date

Visitor’s Printed Name Date

*The Witness must be another family member (or other if family is not available) 18 years of age or older.*

Witness’ Signature Date

Witness’ Printed Name Date

Carefully review this form to make sure you completely filled out all sections.

**If any part is incomplete, the entire form is void** **and will not be processed.**

You may only be approved for visitation or communication *after* we process completed paperwork.