

ADMISSION FORM: FREEDOM THERAPY

Intake Managed by: _____
 How did you hear about HR? _____

ADMISSION FORM: FREEDOM THERAPY CC
 REGISTRATION NUMBER: 2010/063704/23
 T/A HOUSE REGENERATION

STUDENT INFORMATION: _____ DATE: _____

Name:		Physical Address:	
Surname:			
ID Number:		Postal Address:	
Home Language:			
SPONSORS DETAILS:		NEXT OF KIN DETAILS:	
Surname:		Surname:	
Name:		Name:	
Cell Phone Number:		Cell Phone Number:	
Landline Number:		Landline Number:	
E-Mail Address:		E-Mail Address:	
Fax Number:		Fax Number:	

SUBSTANCES USED:

Alcohol <input type="checkbox"/>	Cigarettes <input type="checkbox"/>	Speed <input type="checkbox"/>
Heroin <input type="checkbox"/>	Buttons <input type="checkbox"/>	Tik <input type="checkbox"/>
Crack <input type="checkbox"/>	Dagga <input type="checkbox"/>	Khat <input type="checkbox"/>
Cocaine <input type="checkbox"/>	Ecstasy <input type="checkbox"/>	Prescription <input type="checkbox"/>
Crystal Meth/Methamphetamines <input type="checkbox"/>	LSD <input type="checkbox"/>	Other <input type="checkbox"/>

PREVIOUS REHABILITATION:

Institution	Year/Months	Completed		References/Contacts
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

MEDICAL HISTORY:

	Diagnosis	Medication	Have you ever been tested for the following:	Results?
Psychiatric			AIDS Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical			TB Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any Serious			Syphilis Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations			Hepatitis Yes <input type="checkbox"/> No <input type="checkbox"/>	
Illnesses				
Allergies / Asthma				
Other Important				
Medical Aid? (If so, please provide details: _____)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Medical Aid		Main Member's ID		
Main Members Name		Dependent Code		
Option		Medical Aid Number		

Additional Information:

 STUDENT SIGNATURE DATE SPONSOR SIGNATURE DATE



HOUSE REGENERATION

COVERING LETTER/PROGRAMME INFORMATION

Dear Reader

Thank you for taking a look at our program and showing a genuine care for breaking the bondage of addiction in your/your loved one's life. The purpose of this document is not to give you detail about our program material or curriculum but rather clarify the practical and logistical environment around the student's recovery.

We are a faith-based recovery centre and not a high security facility, as such we endeavour to keep our students safe on our premises but cannot take responsibility for any attempts in running away or absconding from the programme.

_____ X

House Regeneration has formed its roots with more than 30 years' experience in the field of biblical addiction therapy. With this hands-on experience, we have learnt that addictions and disorders in an individual's life are the cause of a long-standing belief of a tainted truth. We have also learnt that getting to the root of these lie-based beliefs takes time. Not only time but time together with intensive counselling, teaching, love and discipline that brings us to the point of personal victory for our students. As such, we have crafted a tri-partied agreement between the sponsor, student and ourselves. In this agreement, we recommend the student and sponsor to commit to a year's therapy, however, the student will be assessed during the first month and feedback will be given to the parent/sponsor. The student agrees to be indebted to the sponsor for the fees paid to House Regeneration and the sponsor agrees to be indebted to House Regeneration for the duration of the program. A member of House Regeneration will go through these documents with you, should you be uncertain about any particular matter.

To facilitate a smooth and speedier admission please make sure you bring the following with you when bringing the student for admission:

- A) A signed and initialled copy of the contract document;
- B) The required goods for the student as stipulated in the *List of Required Items*;
- C) Proof of payment for your first instalment. We do have internet facilities for EFT transfers but unfortunately DO NOT have card facilities. Cash is also accepted.

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

AGREEMENT

ENTERED INTO BETWEEN

FREEDOM THERAPY CC

REGISTRATION NUMBER: 2010/063704/ 23
t/a HOUSE REGENERATION

Address: Plot 358
Sakabuka Avenue
Derdepoort
PRETORIA

E-Mail: accounts@hr7.co.za

Tel Number: 012 808 0527

(Hereinafter referred to as "House Regeneration")

and

Full Name: _____
Surname: _____
Identity Number: _____
Address: _____

(Hereinafter referred to as the "Student")

and

Full Name: _____
Surname: _____
Identity Number: _____
Address: _____

E-Mail: _____
Tel Number: _____

(Hereinafter referred to as the "Parent(s)/Guardian(s)")

and

Full Name: _____
Surname: _____
Identity Number: _____
Address: _____

E-Mail: _____
Tel Number: _____

(Hereinafter referred to as the "Sponsor")

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

WHEREAS the parties have entered into an agreement, in terms of which House Regeneration will provide professional services based on faith-based therapy.

WHEREAS the student, parent/guardian and/or sponsor have received and viewed the full information in regard to the conditions and requirements of House Regeneration.

WHEREAS the student, parent/guardian and/or sponsor have agreed to adhere to the conditions as set out in the document attached to this agreement, which contains the admission and information package provided to the parties.

AND WHEREAS the parties agree that this Agreement forms an undivided Agreement with the admission and information document attached hereto:

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. GENERAL

1.1. The parties therefore agree to the conditions and provisions set out in the documents attached hereto marked as:

- (i) House Regeneration Admission form
- (ii) Acknowledgement of Debt
- (iii) HR Contract Indemnity Form
- (iv) Rules with regard to doctor and dentist visits; ANNEXURE A

1.2. The parties agree that they have read the documents and acknowledge that the full meaning and consequences of the agreement have been explained to them and/or that they are deemed to have read and understood the full content and consequences of the agreement and agree to the contents thereof.

1.3. The parties agree that should the Student for whatever reason abscond, alternatively fail to complete the program, for whatever reason, **the parties will forfeit any fees/tuck shop monies already paid** with regards to the total or partial program. In regard to the full payment of fees or partial payment of fees in increments for the total program, the parties agree to sign an acknowledgement of debt, which will form part of the agreement.

_____ X

1.4. This is a one-year programme. If the student is taken out within the first three (3) months or leave the program on his/her own account, **the full 3 months' payment, as per Contract, will be payable.**

_____ X

1.5. If any of the parties do not adhere to the rules, conditions and disciplinary code (***copy of the Disciplinary Code can be made available on request***), the House Regeneration staff has the authority to stop any further treatment, or in severe cases alternatively access to the property.

_____ X

2. USE OF THE PREMISES BY THE STUDENT

The Student shall use the premises solely for purposes of therapy and hereby specifically undertakes not to:

- 2.1. Contravene any law, bylaw, ordinance or regulation applicable in respect of the premises and in particular the rules as part of the Agreement; or
- 2.2. Cause or permit any nuisance upon the premises and for people staying on the premises (if applicable); or
- 2.3. Keep or store any dangerous or hazardous material or substance on the premises, or do or permit anything, which may violate House Regeneration's Insurance on the premises or cause and increase in the premiums payable thereunder.

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

3. COST AND VACATING OF PREMISES

3.1. The Student will be receiving treatment at House Regeneration commencing on:

From: _____ day of _____ 20_____

on a month-to-month basis.

3.1.1. The Responsible person(s) herewith acknowledge that he/she is liable for the full amount due and payable for the total period of stay (*Refer to Point 1.4*). This clause can be taken under review with management and the merits of each case will be treated as it happens and as management seems fit and fair under the given circumstances.

_____ X

3.1.2. The amount payable monthly (if paid on time) will reduce the capital amount as per the Acknowledgement of Debt signed by the Responsible Person. House Regeneration will supply monthly statements.

3.1.3. On the final payment of the outstanding amount due and payable the Responsible person/s will be given a letter confirming that the total agreed amount is paid in full and shall neither party have any claims, recourse or queries after that.

_____ X

3.2. The Student may not, without House Regeneration's prior written permission, which shall not be unreasonably withheld after treatment:

3.2.1. allow any external factors to influence the Treatment; or

3.2.2. vacate the premises for a necessity according to own beliefs and do not return.

_____ X

4. ACKNOWLEDGMENT BY RESPONSIBLE PERSON

The responsible person herewith acknowledges that:

4.1. He/she has inspected the premises and that they are suitable for the purposes for which it is to be used;

4.2. He/she will have no claim for damages whatsoever against House Regeneration for any reason whatsoever should the premises do not become suitable for the purpose for which it is used. All goods brought onto the premises by the Student shall be at the sole risk of the Student without House Regeneration incurring any responsibility relating thereto whatsoever;

4.3. House Regeneration shall not be liable for any loss sustained by the Student by reason of any burglary or fire on the premises or for any damage suffered by the Student as the result of any act of nature or omission on the part of House Regeneration and/or his/her agent or personnel or as a result of any defect in the premises;

4.4. The 'Capital Sum' will be payable, without demand or notice, in advance on or before the 4th day of the month, for the month, for the total period of the Student at House Regeneration.

4.5. Should the Capital Sum as aforesaid, or any other sum(s) payable by the Responsible person/s hereunder not be paid promptly on due date; or

4.6. Should the Responsible person/s in any other respect whatsoever contravene or permit contravention of any one or more of the provisions and conditions of this agreement or fail in observance of any one or more of the same, House Regeneration, notwithstanding any waiver to the contrary on his part of any of his rights under this agreement, shall have the right to immediately and without any notice whatsoever cancel this agreement and to take whatsoever actions it may deem to be necessary, without prejudice furthermore to House Regeneration rights to any claims for expenses and or damages including legal charges if whatsoever nature.

_____ X

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

5. COSTS

All legal costs, as between attorney and own client, including but not limited to collection commission at tariff rate as well as administration and other costs incurred by House Regeneration in respect of any legal and other steps taken by House Regeneration against the Student and or Responsible person/s to enforce any of the obligations in terms of this Agreement, will be for the account of the Responsible Person(s).

_____ X

6. DOMICILIUM

- 6.1. Each party choose *domicilium citandi et executandi* at his address as set out in 1 above, at which address all notices and legal process in relation to this agreement or any action arising there from may be effectually delivered and served.
- 6.2. Any notice given by one of the parties to the other ("the addressee") which:
 - 6.2.1. Are delivered by hand to the addressee's *domicilium citandi et executandi* shall be presumed, until the contrary is proved, to have been received by the addressee on date of delivery; or
 - 6.2.2. Is posted by prepaid registered post from an address within the Republic of South Africa to the addressee at the addressee's *domicilium citandi et executandi* shall be presumed until the contrary is proved to have been received by the addressee on the fifth day of the date of posting.
- 6.3. Either party shall be entitled, on written notice to the other, to change the address of his *domicilium citandi et executandi*.

7. JURISDICTION

The parties agree to the jurisdiction of the Magistrate's Court in the district in which jurisdiction area the parties may fall in connection with any action or suit arising from this agreement or the cancellation hereof.

8. WHOLE AGREEMENT

- 8.1. This agreement constitutes the sole and entire agreement between the parties and no warranties, representations, guarantees or other terms and conditions of whatsoever nature not contained herein shall be of any force or effect.
- 8.2. No variation of the terms and conditions of this agreement or any consensual cancellation thereof shall be of any force or effect unless reduced to writing and signed by the parties or their duly authorised agents.
- 8.3. Should two or more persons sign this agreement as Student, Parents or Sponsors, the said persons shall be liable in *solidium* for the due performance of their obligation in terms of this agreement.
- 8.4. The agreement shall be duly concluded upon signature thereof by all parties hereto.

SIGNED AT PRETORIA NORTH on this _____ day of _____

STUDENT SIGNATURE

STUDENT NAME

SPONSOR/PARENT SIGNATURE

SPONSOR/PARENT NAME

HR REPRESENTATIVE SIGNATURE

HR REPRESENTATIVE NAME

AS WITNESSES

1. _____

2. _____

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

ACKNOWLEDGEMENT OF DEBT

We, the undersigned,

i.

(Name and Surname)

(Identity Number)

ii.

(Name and Surname)

(Identity Number)

(Hereinafter referred to as “the DEBTOR”)

Do hereby acknowledge that we are to be truly and lawfully indebted to

**FREEDOM THERAPY CC t/a HOUSE REGENERATION
REGISTRATION NUMBER: 2010/063704/23**

(Hereinafter referred to as “the CREDITOR”)

1.1. There are three Payment Options available. Please complete the relevant option as listed below (cross out the options not relevant):

1.1.1. Once off payment of R 82,100.00 . This includes all Administration, Admission and testing fees

Or

1.1.2. Monthly Payments (to be made in advance) and broken down as follows:

Month 1 R 9,500.00 plus once of Administration and Admission Fee R 1,000.00 ,
and Drug Screening Fee R 75.00

Totalling to R 10,575.00 **to be paid on Admission**

Month 2 - 6 R 9,500.00 **per month on or before the 4th day of each month**

Month 7 - 10 R 6,900.00 **per month on or before the 4th day of each month**

Month 11 - 12 R 4,500.00 **per month on or before the 4th day of each month**

By signing this contract, you acknowledge that you are liable to pay a minimum of R29,575.00

Or

1.1.3. Special Arrangements negotiated with management broken down as indicated below:

1.2. All attorney and own client costs incurred and/or to be incurred by attorneys for and on behalf of the Creditor in collecting the aforementioned sums and/or interest and/or costs and which shall include 10% collection commission and tracing agent's fees.

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE

1.3. The capital amount, interest and costs referred to in paragraphs 1.1.1 to 1.1.3 are hereinafter referred to as "the Debt".

2. We hereby undertake to liquidate the Debt in terms of this Acknowledgement of Debt by way of the option selected under 1.1.

2.1. Payments are to be made direct into the following account:

Account Name: Extreme Freedom

Account Number: ABSA 4052005339

Branch Code: 632005

Reference: *Students Full Name and Surname*

2.2. We undertake to deliver proof of payment within 24 hours after such payment, by way of e-mail to accounts@hr7.co.za

THUS DONE AND SIGNED AT _____ on this ____ day of _____

DEBTOR (i) SIGNATURE

DEBTOR (i) NAME

DEBTOR (ii) SIGNATURE

DEBTOR (ii) NAME

AS WITNESSES

1. _____

2. _____

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE



House Regeneration

Plot 358 Sakabuka Avenue
Derdepoort, Pretoria

Phone: 087 702 3650
012 808 0527

Reg No.: 2010/063704/23

E-Mail: info@hr7.co.za

HR CONTRACT INDEMNITY FORM

TERMS AND CONDITIONS

The student, parents/guardians and/or sponsor hereby acknowledge that all information provided in the Contract is true, correct, and honest. The student acknowledges that he/she understands that there will be daily routines and binds himself/herself thereto. The student, parents/guardian and/or sponsor acknowledge that they have read the conditions and information provided to them and understands that there will be tests done at any time for drugs, smoke and/or alcohol and agrees to be tested for AIDS, TB, Syphilis and Hepatitis if needed at his/her cost. The student, parents/guardian and/or sponsor understand that should the student leave the program before his/her completion date without our consent, House Regeneration is not obliged to assist the student in any other way. **The student, parents/guardian and/or sponsor understand that should the above applicant abscond, be expelled, or leave for any reason whatsoever, before completion of the period decided on, or without consent from management they will forfeit all funds/tuck shop monies paid to House Regeneration and are still liable for any outstanding invoices not paid in full.** The student and sponsor herewith release themselves from any claim of any nature against House Regeneration or Extreme Freedom Foundation which themselves, administrators, dependents, or executors may have as a result of civil unrest, arrests, deportation, accidents, sickness, injuries during recreation or work, loss of or damage to property or personal loss of any kind that may occur during or from involvement with House Regeneration. **Any company property that is damaged due to the student's negligence will be billed to their account.**

_____ X

House Regeneration is a Biblically based Rehabilitation Centre; as such, Christian Principles will be applied throughout the program. Personal choice of religion remains the student's prerogative, however, House Regeneration will not support or adhere to any other religious requirements other than Christian based.

The student and sponsor allow all media recordings that may be taken by House Regeneration of anyone at House Regeneration or its functions to be used as House Regeneration sees fit (POPI Act).

_____ X

The student acknowledges that he/she has read and is aware of the disciplinary procedures to be followed by House Regeneration. GHR will be used for major disciplinary actions as prescribed in the Rules and Regulations. If the student poses a physical threat to themselves or other students, we may use physical restraints for a short period of time.

_____ X

House Regeneration is only a Pill Dispensary and will only distribute medication prescribed by a Doctor. **Please note that we are not a medical institution or have an on-site doctor available - it is recommended that the student first complete critical medical care at an institution of your choice before starting the program.**

_____ X

Should a student leave the program prematurely, his belongings will only be kept in storage for two weeks and House Regeneration will not be held accountable for any damage or loss. No monies will be refunded being fees or tuck shop money. Tuck Shop monies can be transferred to other students of your choice.

_____ X

NAME OF
STUDENT/SPONSOR/PARENT

SIGNATURE OF
STUDENT/SPONSOR/PARENT

DATE

WITNESS (1)
HOUSE REGENERATION

WITNESS (2)
HOUSE REGENERATION

RULES WRT DOCTOR/DENTIST VISITS

ANNEXURE A

If it is deemed necessary for the student to see a Doctor or to go to a clinic:

Please Note: *No Student in TLC/Consequences or GHR will be allowed any medical or dentist appointments unless deemed an emergency*

- i) The sponsor/parent will be contacted and informed
- ii) The sponsor/parent is responsible to make the required arrangements for the Service Provider and for transport. If the parents and sponsor reside more than 100km away, or is not in a position to transport the student from House Regeneration's premises, alternative transport options can be discussed with management
- iii) Students could be accompanied by a leader or prefect if so required
- iv) By signing this document, you agree to waive any rights in the event of an accident or if the student attempts to run away

_____ X

If the incident is not that serious, it will be attended to on the premises using first aid

HOUSE REGENERATION SIGNATURE

STUDENT/PARENT/SPONSOR SIGNATURE