

Word of Deliverance Fellowship Ministries

Pastor Leon Pace & Pastor Sheila Pace

1500 Dickinson Street

Philadelphia, Pennsylvania

Phone: 484-300-4112

Dear Prospective Resident:

Greetings! Thank you for your interest in Word of Deliverance Fellowship Ministries Open Hand Center. Enclose is the information requested for entry. Should you decide to apply for acceptance, all information must be received before an evaluation can be made. Upon which time you will be notified concerning your acceptance or denial if you are requesting application in advance.

Specific Requirement:

Complete the enclosed application and return it to the facility. You will then receive a contract to sign. Read the enclosed Covenant Promise. You must be willing to comply without reservation. Please have two letters of reference forwarded to Pastor Leon Pace, Director of Word of Deliverance Fellowship Ministries.

A one-time, non-refundable fee of \$150.00 is required for entrance into our facility (unless other arrangement have been made with the Director.) Your rent/love gift to the ministry will be determined monthly based on your income for board, once you have received your first paycheck. The only way this can be done is for you to be willing share your pay stub with the Director. It will be your responsibility to arrange transportation to the Center.

Open Hand Center is a faith-based directed facility. The will of God should be your motivation for coming to Open Hand. If it is God's will for you to be here then you should obey His will for your life. He knows the plans He has for . . . Jeremiah 29:11.

Sincerely,
Pastors Leon and Sheila Pace
Directors

*As for me and my house we will praise the Lord.
~Joshua 24:15*

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Entry Application

NAME:	
SOCIAL SECURITY NO.:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRIMARY DRUG:	
DATE OF LAST USE:	
DATE DESIRING ENTRY:	
NAME & ADDRESS OF CURRENT PROGRAM:	
PRIMARY DRUG COUNSELOR:	
ARE YOU CURRENTLY BEING TREATED FOR ANY MEDICAL PROBLEMS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE DETAILS BELOW:	
ARE YOU PRESENTLY ON PAROLE OR PROBATION?	<input type="checkbox"/> NO <input type="checkbox"/> YES
PAROLE OFFICER NAME & ADDRESS:	
HIGHEST LEVEL EDUCATION COMPLETED:	
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Entry Application - 2

EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER PHONE:	
DO YOU GET PAID WEEKLY?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF NOT EMPLOYED, WHAT TYPE OF EMPLOYMENT WILL YOU PURSUE?	
MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED
SPOUSE'S NAME: ADDRESS: PHONE:	
SIGNIFICANT OTHER'S NAME: ADDRESS: PHONE:	
MARRIAGE PLANS PENDING?	<input type="checkbox"/> NO <input type="checkbox"/> YES
ARE THEY CHRISTIAN?	<input type="checkbox"/> NO <input type="checkbox"/> YES
WHERE DO YOU CURRENTLY RESIDE?	
WHY DO YOU HAVE TO MOVE?	

Entry Application – 3

I CERTIFY THAT THE ABOVE STATED INFORMATION IS ACCURATE AND I

DESCRIBE BRIEFLY ANY OUTSTANDING DEBTS THAT YOU MAY HAVE, TRUST FUNDS, BANK ACCOUNTS, EXPECTED MONEY FROM LAW SUITS, ETC.

--

DESCRIBE BRIEFLY WHY YOU FEEL THAT THE LORD WOULD WANT YOU TO COME TO OPEN HAND CENTER?

--

DO YOU HAVE ANY CONCEPT OF MINISTRY AND WHAT IT MAY ENTAIL?

--

WRITE A BRIEF SUMMARY OF YOUR PAST DEALINGS WITH SUBSTANCE ABUSE BELOW.

--

UNDERSTAND THAT ANY FALSE INFORMATION MAY BE REGARDED AS A BREACH OF TRUST AND MAY JEOPARDIZE OR DELAY ACCEPTANCE INTO OPEN HAND CENTER.

I ALSO UNDERSTAND THAT OPEN HAND CENTER IS NOT AN EMPLOYMENT AGENCY AND DOES NOT PROVIDE ANY GUARANTEE THAT I WILL FIND EMPLOYMENT THROUGH THE PROGRAM.

Client Signature: _____ **Date:** _____

Printed Name: _____

Witness Signature: _____

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Open Hand Center Petty Rules

The undersigned parties enter into the Agreement as an essential condition of residence into Word of Deliverance Fellowship Ministries and Open Hand Center.

Scripture

The undersigned parties accept the Bible as the inspired Word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Disputes & Controversies

Accordingly the undersigned parties hereby agree that, if any dispute or controversy arises, the concerned parties would attempt to resolve the situation in a private meeting with the concerned individual alone in love. The conversation should only involve others if no agreement can be made between the concerned parties pursuant to Matthew 5:23-24 and Matthew 18:15.

Borrowing

Please do not include others in borrowing offenses or walk around the house signifying. That is not showing love and God does not get glory.

Speech & Behavior

- 1) Since this is a co-ed environment, appropriate attire is required at all times, especially coming from or going to the lavatory.
- 2) Appropriate speech and proper topics are to be adhered to during conversation. Dialogue concerning matters of a personal or sexual nature should not be discussed.
- 3) The community area in the TV room is to be respected. Since there is limited room, lying down on the couches is not appropriate.

Beloved, let us love one another: for love is of God; and every one that loveth is born of God and knoweth God. (1 John 4:7).

If you are in agreement with these rules then read our Covenant Promise and sign both documents to signify compliance.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

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Covenant Promise

It is necessary to sign a contract for admission to Open Hand Center. The contract is between you and the administration. We request that you read each statement on the following pages. When you have done so, place your initials in the space provided next to each statement. When you have finished reading and initialing each statement and agree to abide by the contract, please sign the contract in the presence of your counselor or administrator.

1. I agree to attend and participate in weekly support groups. Failure to maintain at least 90% attendance in a two-month period may result in my being discharged from the house unless I am at work _____.
2. I will provide random urinalysis samples when requested by staff. If the sample given shows substance abuse, I could be discharged from the house. This is a drug and alcohol free home and I agree not to bring such items into this house, either in me, on me, or in my possession. _____.
3. I agree to participate in open Hand Center for at least six months. After which time I will be evaluated to determine if my stay will be extended. I will provide random urinalysis samples when requested by staff. If the sample given shows substance abuse, I could be discharged from the house. This is a smoke free, drug and alcohol free home and I agree not to bring such items into this house, either in me, on me, or in my possession. _____.
4. One of the basic concepts of the house is work. Everyone is required to find employment. I will not accept public assistance, or any other subsidy program while living at Open Hand Center unless otherwise discussed with the directors. I will endeavor to be self-supporting and a responsible adult. _____.
5. I agree to open a savings account at a local bank, and save a percentage of my wages each pay period. I agree to disclose upon request, my complete financial information including paycheck stubs, monthly bank statements, etc. _____.
6. I have verbally explained and disclosed to the Director or Assistant Director, any medication that has been prescribed for me. I also have verbally explained and disclosed the full extent of current legal situation (including charges, court dates, probation conditions), and give my permission for such information to be verified. _____.
7. This will be my home for the next six months; therefore I will comply with cleanliness and general maintenance of my own immediate living area, as well as common areas including two (2) bathrooms, two (2) kitchens, and grounds. There may be times that I may be asked to do specific maintenance and cleansing tasks, however, I am an adult and require very little supervision and I agree to cooperate to ensure a clean and safe living environment. _____.
8. I understand that violence, threats of violence and/or hitting is grounds for immediate discharge. I understand that weapons (guns, knives with blades longer than four inches, pepper sprays, etc) should not be allowed on the premises and can be grounds for discharge. I understand that staff may conduct room inspections at any time whether I am present or not. _____.

9. I understand that no new relationships with the opposite sex may be established without the approval of the director. _____.
10. I understand that there is a curfew in effect that I must keep (12:00 midnight) or otherwise appointed by director or parole officer nightly. _____.
11. I agree to participate in extra-curricular activities, assigned by the house to include volunteer work, community service, self-education, etc. _____.
12. I understand that I may not purchase a vehicle unless approval is given by the Director. _____.
13. I understand that there is no community telephone in the house; therefore in respect for your fellow residents, please do not ask to use their personal phones unless it is an extreme emergency or if you are trying to contact the pastors. _____.
14. I understand that when going home on pass, I must verbally make a request to the Director or Assistant Director at least twenty-four hours in advance. _____.
15. If I am discharged from employment for any reason I will inform the Director or Assistant Director. _____.
16. I further understand and agree that non-residents are to confine their visits to the sitting room. _____.
17. During my first two weeks of residence in Open Hand Center, I might be asked to not travel on my own unless I am going to my employment. Therefore I will comply with this request. _____.
18. During mealtime we ask that you have your meals in the sitting room. We discourage eating your meals in your room unless you are sick, for health reasons and to keep the house free from unwanted pests. _____.
19. Last but not least, I understand that my conduct while at Open Hand Center is being observed by the local community and our public image is important not only for myself and the other residents, but also for future residents. _____.
20. I will therefore: Do nothing that will bring harm to my fellow residents and conduct myself as a Christian at all time. _____.
21. If I have any knowledge or suspect any person connected with WODFM to be doing anything destructive to himself, another person, or to the center, I will confront him with this information and then inform the Director or Assistant Director. If this behavior and conduct is seen as detrimental to the other residents or the ministry, the person or I may be asked to leave. _____.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE OPEN HAND CENTER COVENANT PROMISE RESIDENT CONTRACT AS PRESENTED IN THIS DOCUMENT AND AGREE TO ABIDE BY THIS CONTRACT AND ALL RULES AND REGULATIONS OF THE HOUSE.

Resident Signature: _____ **Date:** _____

Staff Signature: _____ Date: _____

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Basic Goals for Residents

1. Establish consistent relationship with the Lord Jesus Christ.
2. Maintain substance freedom with accountability.
3. Become an active member in our church.
4. Develop a relationship with your Pastor.
5. Become involved with the ministry of the church.
6. Begin healing of broken relationships.
7. Establish goals and strategies for the future.
8. Immediate academic and vocational needs evaluated.
9. Establish a budget.
10. Establish a savings account.
11. Secure housing prior to termination of stay at Open Hand Center.

The Directors of the program set the above goals, however you may also have specific goals that you will share with the pastor and residents during individual meetings or with the group. Feel free to share and let us know how we can help you to pursue your goals.

Item Check List

Listed below are some things that you should bring with you when you come to Open Hand Center if possible.

1. Two forms of identification. If you have an expired driver's license from another state, you will need a formal letter of clearance from the DMV in that state.
2. Plan to bring at least two weeks rent/love gift with you for room and board, plus any money you may need for personal expenses, based on arrangements made with the Director.
3. You will need an alarm clock, and or wrist watch, because you will be responsible for getting yourself up and ready for each day's activity, and for punctuality.
4. You will be responsible for providing your own food, and remember this is not a rooming house but a ministry.
5. You will need some work clothes, a robe and recreational attire with at least three changes, including church attire.
6. Any money that you give on a monthly basis helps to provide gas, electric, water and any other household needs. There will be no refunds given upon your departure from Open Hand Center.
7. You will need a Bible and a prayerful heart, humble spirit and obedient attitude.

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WODFM CENTER

Word of Deliverance Fellowship Ministries (“WODFM”) is a faith-based, non-profit bridge for men and women who have completed a long-term program at a residential facility for substance abuse (3-12 month program for life-controlling problems, primarily substance abuse). WODFM is also an alternative to prison depending on the seriousness of the offense.

WODFM is:

- NOT a drug and alcohol rehabilitation for those still indulging in substance abuse.
- NOT a rooming house. We provide a safe nurturing environment where residents can put into practice biblical principles gleaned while in treatment or prison within the inner city.
- IS independent living with accountability.
- BELIEVES that people of integrity can have a profound effect in changing the moral and spiritual decay of our nation and communities.
- A formed organization, incorporated and have established tax exemption.

For further information about Open Hand Center contact:

Pastor Leon Pace
Executive Director

Pastor Sheila Pace
Assistant Director

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On the Web: <http://www.forhymn.com>

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Evaluation Review
Based on Resident's Primary Goals

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident established a consistent relationship with the Lord Jesus Christ?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident maintained freedom from drugs with accountability?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident become an active member in church?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident developed a relationship with the Pastor?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident become involved with the ministry of the church?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident began the healing of broken relationships?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident established goals/strategies for the future?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Immediate academic and vocation needs evaluation completed?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident addressed educational needs by obtaining a tutor?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident applied for vocational training through any agency?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident obtained college application for further education in desired field?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident established a budget?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has resident established a savings account at a reputable banking institution?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the resident secured housing prior to termination of stay at Open Hand Center?

