



STATEMENT OF UNDERSTANDING

I fully understand:

1. Doors of Hope is a non-profit organization and we are committed to helping individuals. We seek to help those who are hurting. We strive to restore dignity and give hope.
2. Doors of Hope is supported through donations from individuals, businesses and churches. I will not be charged for City on a Hill Doors of Hope services.
3. City on a Hill Doors of Hope staff are not licensed therapists, psychiatrists, or medical practitioners.
4. City on a Hill Doors of Hope and its staff are mandated by law to report any minor (under 18 years of age), elder (over 65 years of age), or vulnerable adult who is currently endangered by abuse, and to report if I am suspected of being a danger to myself or others.
5. If I am a minor, I understand that City on a Hill Doors of Hope staff may share information with my parent(s)/guardian(s) as deemed necessary.
6. I am responsible for my own choices and actions. I am responsible for meeting all requirements of each agency that I am referred to as well as requirements of City on a Hill Doors of Hope services. I understand that if I fail to meet these requirements, services may be terminated.

Signature

Date