



NEW NAME MINISTRIES, Inc.

P.O. Box 11694
Fort Worth, Texas 76110

Funding Confirmation Form

Name of Applicant: _____

Date: _____

The above person has applied for acceptance into the New Name Ministry re-entry program and has named you as his funding source. While the support of loved ones is critical upon a man's release from prison, boundaries should be placed on financial support to not confuse the extension of grace with enabling.

Applicants **must** pay their \$100 security deposit and \$50 administrative fee to complete their acceptance to New Name Ministries. These fees are not refundable if the applicant later chooses to not be released to New Name or fails to abide by the conditions set forth in his acceptance letter. Both the security deposit and administrative fee are refundable if the correctional institution denies the applicant's release to New Name or if New Name does not have a bed available at the time of the applicant's release. (New Name has never before failed to have a bed available for an accepted applicant outside of a short delay.) The security deposit is also refundable after the completion of the applicant's one-year commitment. His first month's fees of \$600 (includes \$50 for our Restorative Engagement Workshop) **must** be received by the program by the time the release center calls us to confirm that we have a bed available for the applicant. The total initial funding before arrival at New Name is \$750.

If the applicant is a Texas prison system inmate, we will request his first month's fees when the applicant nears his release date. For other institutions, we will request funding when we deem it to be appropriate based on our knowledge of how that institution operates.

Ongoing financial support of the program is estimated to be \$550 per month. The cost of sex offender treatment (currently \$35 per week, required even if discharged), parole/probation/supervision fees (varies) including electronic monitoring fees (none at this time for Texas parolees) are not included in this figure. Please prayerfully consider your commitment to financially support this applicant and then confirm your agreement by filling in the blanks, signing the bottom of this section, and returning this form along with the security deposit and administrative fee. Applicant agrees to reimburse all funding paid on his behalf if he fails to complete our one-year program.

3rd Party Funding Name(s) of Funding Source: _____

I/we agree to financially support this applicant for \$ _____

I wish to be notified that program funding is due by:

Phone: _____ Home _____ Cell _____

E-mail at the following: _____

If the applicant fails to complete New Name's one-year program but is current on his program fees and has reimbursed some or all of his sponsored funding, I desire my reimbursement check to be sent to the following address:

Street Address

City, State, Zip Code

I confirm my financial support as stated above.

Signed: _____

Date: _____

Please return this completed form now with the security deposit and administrative fee (total \$150) payable by check or money order to: New Name Ministries P.O. Box 11694 Fort Worth, Texas 76110

For self funding, please see other side of this page.



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**P.O. Box 11694
Fort Worth, Texas 76110**

Self Funding

According to your application, you have the resources to pay your initial fees yourself. Please confirm this agreement by filling in the blanks below.

What is the source of these funds: _____

Please enclose evidence that this funding exists such as: a recent copy of a prison trust fund statement, savings account statement, or for SSI/Disability recipients, a form or letter from Social Security stating your benefits have been suspended due to incarceration.

**Please return this completed form to the address above or fax to the number below. Please send the security deposit and administrative fee (total off \$150) now, payable by check or money order to:
New Name Ministries P.O. Box 11694 Fort Worth, Texas 76110**