

Holy Trinity Family Support Center Corporation

Helping Families In Promoting The Common Good That Is Inherent In The Dignity Of Each Individual; Motivating And Encouraging Wellness That Sustains Harmonious Co-existence!

FAMILY PRESERVATION AGENCY

Please donate today to support our programs. With as little as 33 cents per day, you can put smiles on your child's face or someone's child who could not join because of minimum membership fee of \$10.00 per month. Any member or applicant who registers or refers 5 people to our mentoring program will join the group free without monthly membership fee. Sponsor a child and help in rebuilding American families by supporting the child towards positive development. Through these programs we get children off the streets. We create opportunities for good education, good health, good relationships, wellness, and positive development for the American children, youth & families. With your support, together, we can promote positive biopsychosocial health behaviors and develop programs of our own which you will be part of, be involved in every decision making because you are the sponsor/supporter/member, and will be proud of the outcome. You fund it, you own it! We are starting from one individual, to one family, to one street, to one village, to one town, to one community, to one culture, to all cultures, to one city, to all cities, to one state, to all states, to one nation, under God, indivisible, with liberty & justice for all, and to all nations of the world. Anyone, actively participating in any of our programs, can testify to its effectiveness and efficiency and 100% positive outcome. Once you are in our program, you can't get better service elsewhere. Person-Centered Outcome Reporting is the first principle of our services & clinical decision making process of our programs. We adopt/adapt the most updated evidence-based practice or model and develop our own too in our care delivery system. Spanish language support is also available. **Call 1-800-792-3126 Ext. 300, Mon-Fri, 9.00AM-5.00PM EST!**

With 33 cents a day,
you can transform a
life for a lifetime!
Donation is tax
deductible!! Try us
& see the outcome!!!



\$10.00 to join!
Give us a call
for more details

We use Independent Clinicians & contractors to maximize benefit, ensure performance, and enforce accountability for all services and outcome deliverables, methodologies and measurements.

We promote positive biopsychosocial health behaviors! Health Information Technology, mHealth, EHR, PCOR, and Health Care Methodology & Measurement Research are our passion!!

First name: _____ M. I. _____ Last Name: _____

Address: _____ Tel: _____

Amount Enclosed: \$ _____ E-mail: _____ [] I agree to e-notice

Mail your subscription/membership fee/donations/sponsorship to P. O. Box 19616, Baltimore, MD 21225.

Pick a Program you wish to sponsor or we can apply your fund to the most needed program

[] Mentoring Program [] Adolescent & Teenage Center [] Children Service Center [] Others: _____

[] Community & Public Center [] Family Center [] Language, Art & Culture Center [] Research & Development

Everyone is eligible to join. All activities are age appropriately planned. Activities are grouped within four (4) years age range. Age ranges are 5-8 years, 9-12 years, 13-16 years, 17-20 years, and 21 years and above. Enrollment for this program is open. Ask for receipt for all monies paid. Report anyone who collected money without giving you receipt. All monies are recorded for IRS audit. All donations are tax deductible according to IRS guidelines, ask your tax CPA. You will receive confirmation in the mail. Call the office if you do not receive confirmation of your donation within 30 days.

The events depend on membership level. For more updated planned events, go to

<http://www.holytrinitycenter.org/membershipinformation/activitiesevents.html>

Please feel free to call the office at 1-800-792-3126 Ext 300 or email support@hollytrinitycenter.org for additional information.

Sponsor a child, family or register today and enjoy our membership supported programs. © 2014- www.holytrinitycenter.org

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Program Eligibility Information & Questions

1. How much does your child worth or mean to you?
2. How much does your child's friends worth or mean to them and you?
3. Is your child or friends worth more than 33 cents per day?
4. Is that not less than a frozen cup, very small potato chips, candy bar, video game, football equipment, and so on?
5. Do you love your child and value his or her proper developmental; educational; leisure; social; interpersonal; and recreational skills?
6. If so, how much are you willing to spend on your own to support them?
7. It is \$10 a month (minimum) to join and any amount to support our programs
8. Do you need parental skills development and education?
9. Do you need life skill coach, work or professional skills training?
10. Do you need help learning the best ways to deal with your child's behavior problems?
11. Is your child engaging in risky behaviors, self-destructive conduct e. g. gang related activities, sexual misconduct, and negative health behaviors like drugs, alcohol, and tobacco abuse?
12. Do you or your child have poor food and nutrition problems?
13. Do you or your child have over-weight or diabetic related risk?
14. Do you or your child have physical, mental, psychological, behavioral or spiritual health problems?
15. Do you need language, art & culture skills training or education e. g. English, Spanish, Igbo, Hausa, and Yoruba etc?
16. Do you need help resolving a conflict?
17. Do you need help negotiating a conflict?
18. Do you need help mediating a conflict?
19. Do you need help facilitating a conflict?
20. Do you need alternative dispute resolution?
21. Do you need anger or behavior management or worry about the amount of shootings, stabbings, and murders around you?
22. Do you know how to live a fulfilling life?

MISSION STATEMENT

The family is the center of our society which needs our support by sharing our lives and services with the community in a society of human beings whose rights and responsibilities must be preserved.

VISION

Our vision is to help to alleviate the symptoms and undesired effects of acts of violations of fundamental rights, and integrity of human dignity against our individuals, our families, our society and our nation.

PHILOSOPHY

The tumults, perils and dysfunctions in our families, communities and society at large can be conquered by the harmonious co-existence of our body, mind and soul.

ADVOCACY PROGRAM

1. Life and Dignity of The Human Person
2. Call to Family & Community Participation
3. Rights and Responsibilities
4. Option for The Poor & Vulnerable
5. The Dignity of Work & The Rights of Workers
6. Solidarity
7. Care for All Creation

Pay-Your-Way/Pay-As-You-Go

All nominal members who pick this level pays their own admission fees to events that require such. Free events are free for all

Choice System

Members get to pick which event to participate in as long as they have their admission fee (separate from membership fee) unless their membership level covers the fee. For instance, if you are a nominal member who paid \$10, if we visit a zoo which collects \$2.00 admission fee, you will be required to pay the admission fee in advance. Nominal members are restricted to maximum of four (4) events per month and certain restrictions may apply to any of our programs or centers. Our mentoring events are designed to promote, stimulate and reward positive behaviors and skills. Disciplinary restrictions may apply. Please call our member support specialist now at 1-800-792-3126 Ext. 300 for more details or visit us online at www.holytrinitycenter.org. Come and have fun with us today! Donate or sponsor any program of your choice through IRS approved tax deductible and charitable gifts and you will be blessed abundantly.

Holy Trinity Family Support Center Corporation

300 E. Lombard Street, Baltimore, Suite 840, MD 21202

Tel: 1-877-828-8419 Ext. 300 Fax: 1-888-480-9990, Email: admin@holytrinitycenter.org

MEMBERSHIP APPLICATION/CONSENT FOR SERVICE FORM

(We accept money order or checks **only** for membership fee. You can also sign up online at www.holytrinitycenter.org/membershipsubscription.html. Click on the **Paypal Buy Now** button to buy the level of membership you desire. Minimum of \$75.00 is required to receive direct support. **Do not give cash to anyone.** Cash can only be accepted by designated staff at the office. Information about expenditure is available after annual Tax Return is filed. All donations and subscriptions fees are recorded for IRS accounting purposes and are tax deductible. You agree to report anyone engaging in unethical or unprofessional conduct. **Please demand receipt for all monies paid** to any authorized representative and report any failure to issue you receipt by calling the telephone number listed above). [] Check this box to select pay as you go/pay your way. I have read and understood this rule (initial): _____

Personal Information is required by IRS and else will not be shared without your permission.

Name: _____ Address: _____ Tel: _____

SSN(optional): _____ DOB: _____ Date: _____
(Beneficiary)

Guardian: _____ Address: _____
(Benefactor)

Relationship: _____ Other (Explain): _____ Tel: _____

Having been made aware of our policies and procedures:

- ✓ Whereas, I request Holy Trinity Family Support Center Corporation (HTFSCC) and its qualified members of staff to provide advocacy, awareness, information sharing, workshop, training, referral and other related support services as deemed necessary and appropriate.
- ✓ Whereas, I understand that all information concerning myself and/or my child is confidential and that no information will be given out without a written consent from me. Government requires that certain information be provided to them by HTFSCC you authorize sharing such.
- ✓ Whereas, I agree that I have been fully orientated to the program's services and the services that is being provided to me. I have reviewed my rights and responsibility as a member and I am aware of the grievance and discharge process.
- ✓ Whereas, In agreeing to become a member at HTFSCC, I understand that I shall assist by participating in developing and participating in planed activities and I will ensure that all scheduled appointments are kept to ensure that set goals and objectives are met by target date.
- ✓ I hereby consent to these membership or services by appending my signature as provided below. I also agree that and authorize HTFSCC to accept electronic or digital copy, any other formatted copy or media as if it is the original copy. I understand that all payments are non refundable____.

Signature of individual/parent/guardian: _____ Date: _____

Witness: _____ Date: _____

Office Use: Action Taken _____

Name/Title: _____ Sign/Date _____