Vision of Hope Ministries
Phase One - Sample Daily Schedule

Sunday Schedule

7:15 AM	Rise Time / Breakfast / Med Time
7:30 AM	Dinner Prep
9:15 AM	Church Services
1:00 PM	Sunday Dinner (Prep, Med Time, Eat, and Cleanup)
2:00 PM	Supervised Free Time / Nap Time / Visiting Hours
4:00 PM	Snack / Family Fun Time
6:00 PM	Supper (Prep, Med Time, Eat, and Cleanup)
7:30 PM	Worship and Devos
8:30 PM	Snack / Med Time / Supervised Free Time
9:45 PM	In Bed
10:00 PM	Lights Out

M – F Schedule

6:00 AM	Rise Time / Supervised Workout Time
7:30 AM	Breakfast / Showers / Med Time
9:00 AM	Breakfast Cleanup
9:15 AM	Room Checks
9:30 AM	Morning Group Class
11:00 AM	Quick Snack & Chores (every day) or Pulled Out for Counseling (once a wk)
12:15 PM	Lunch (Prep, Med Time, Eat, and Cleanup)
1:30 PM	Afternoon Class / Serving at the Church (every day) or Pulled Out for Counseling (once a wk)
3:00 PM	Snack / Study Hall (every day) or Pulled Out for Counseling (once a wk)
4:00 PM	Daily House Cleaning
5:15 PM	Dinner (Prep, Med Time, Eat, and Cleanup)
7:00 PM	***M*** **–** Phone Calls; ***T*** **–** Mowing; ***W*** **-** FCI/Study Hall; ***Th*** **–** Study Hall; ***F*** – Girls Night Out
8:15 PM	Quick Snack / Med Time / Mail
8:30 PM	Supervised Free Time
9:45 PM	In Bed
10:00 PM	Lights Out

Saturday Schedule

7:15 AM	Rise Time / Breakfast / Med Time
8:30 AM	Outdoor Chores / Fundraising Projects
10:00 AM	Snack / Staggered Shower Time
12:00 PM	Lunch (Prep, Med Time, Eat, and Cleanup)
1:00 PM	Group Class Time
2:30 PM	Study Hall / Snack
4:00 PM	Devos / Phone Calls
5:15 PM	Dinner (Prep, Med Time, Eat, and Cleanup)
6:30 PM	Girls Night In
8:15 PM	Quick Snack / Med Time / Mail
8:30 PM	Supervised Free Time
9:45 PM	In Bed
10:00 PM	Lights Out

Updated 5/20/2014

Vision of Hope RESIDENTIAL TREATMENT CENTER

Please print this page and return it with your completed application for residency.

By signing below, I am indicating that I believe I am ***able to fully participate*** in all aspects of the daily schedule and ***agree to abide by it*** while at Vision of Hope.

Applicant Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____
[If the resident is a minor, her parent or guardian must also sign]

Witness: _____
Relationship to Applicant: _____