

BETHANY HALL - CLIENT ACCEPTANCE OF PROGRAM

A. PROGRAM LENGTH AND COMPONENTS

Bethany Hall offers three distinct residential substance abuse programs. Each of these programs is divided into three stages.

1. Residential treatment for adult women:
 - a. Residential component that lasts approximately six months (time of stay is individualized for each client's needs) .
 - b. Transitional component that lasts approximately three months (during which time the client is employed, maintaining a next door apartment, and receiving support services at Bethany Hall. Counseling services are then provided by collaborative agencies).
 - c. Aftercare component that lasts twelve months (client participates in weekly aftercare group).
2. Residential/Day treatment for pregnant/postpartum women:
 - a. Residential/Day component that lasts 6 to 12 months. Length of stay is individualized based on individual needs, including perinatal/postpartum needs and concerns.
 - b. Transitional component that lasts approximately three months (during which time the client is employed, maintaining a next door apartment, and receiving support services at Bethany Hall. Counseling services are then provided by collaborative agencies).
 - c. Aftercare component that lasts approximately twelve months (client participates in weekly aftercare group).
3. Residential/Day treatment for women with children:
 - a. Residential/Day component that lasts 6 to 12 months. Length of stay is individualized based on individual needs.
 - b. Transitional component that lasts approximately three months (during which time the client is employed, maintaining a next door apartment, and receiving support services at Bethany Hall. Counseling services are then provided by collaborative agencies).
 - c. Aftercare component that lasts approximately twelve months (client participates in weekly aftercare group).

B. CLIENT COSTS

Client costs are sometimes covered by third-party funding sources. I accept that if/when my funding source is no longer available, I will be billed for treatment services on a sliding scale based on my prior year's income as reported/verified on my application for treatment. I am also responsible for food costs at the current rate of DSS's monthly food stamp allotment (currently \$139). There may also be additional charges for children residing at the facility with me. If I am not eligible for food stamps, I will be billed these amounts.

C. CLIENT INCOME:

Occasionally Bethany Hall client's are given opportunity to make spending money by local churches and other sources. If I earn money during the period before part-time employment in excess of \$15, I agree to make payment on my Bethany Hall account of 25% of the earned income.

During phase 4 (or thereabouts) of the program, the client may start working part-time. At that time, I agree to budget my money as follows:

1. 25% of each paycheck is to be applied to my Bethany Hall account (for treatment and/or food);
2. 50% is placed in a secured account at Bethany Hall in preparation for the transition (re-entry component).
3. If for any reason, I leave the program prior to transition, 25% of the total being held in the secured account will be applied to my accrued treatment and/or food bill.
4. A budget will be developed by the client and therapist based on the remaining amount of the paycheck.

D. MOVING INTO TRANSITIONAL APARTMENT:

1. When any client moves into the apartment, an initial \$50.00 deposit is made and required **monthly** payments follow: (SUBJECT TO CHANGE DEPENDING ON APARTMENT AND OTHER FACTORS WHICH CLIENT OCCUPIES).
2. Rent and utilities of \$200 per month due on the first of each month
3. \$50 payment on the client's Bethany Hall account
4. Rent and utility payments are prorated for the first month of accuracy

E. POST-GRADUATION:

At graduation and upon leaving the apartment, the client makes a monthly payment of a previously agreed upon amount of her Bethany Hall account until it is paid in full.

By signing this agreement, I acknowledge that I have read, understood and agree to the above.

Signed: _____

_____ Date

Accepted for Admission by:

Therapist

Date

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