



## CONTRACT FOR SERVICES

Date: \_\_\_\_\_ Duration of Contract: Date of Execution and until 10 years have elapsed.

**THIS IS A CONTRACT FOR SERVICES BETWEEN KAREN'S PLACE AND THE STUDENT LISTED BELOW AND THE GUARANTOR LISTED BELOW AS FOLLOWS:**

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NOTE: Unless a student receives a monthly payment such as SSI, Social Security Disability, pension, alimony or other set monthly income that equals the amount of their monthly commitment, they cannot sign as the Guarantor of this agreement.

### AND THEIR GUARANTOR

#### GUARANTOR INFORMATION:

Guarantor's Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Total Gross Annual Income: \$ \_\_\_\_\_

All income received by you and others residing in the same household during the past 12 months, before deductions including retirement.

Number of persons in household: \_\_\_\_\_ including student, if applicable, dependents, spouse, parents, domestic partners, etc.

Proof of income provided? \_\_\_\_\_ YES \_\_\_\_\_ NO Attach copies

**PROGRAM OPTIONS AND COSTS (check the program you are seeking admission to at Karen's Place)**

37 Day Program \_\_\_\_\_ \$1850.00 due in full at Intake

100 Day Program \_\_\_\_\_ \$5000.00

\* \$1500.00 at Intake and \$1750.00 per month for 2 months

6-month Program \_\_\_\_\_ \$9000.00

\*\$1500.00 at Intake and \$1500.00 per month for 5 months

**LATE PAYMENTS**

**If a payment is not made by the invoice due date, a \$100 late fee will be accessed. Invoices that are delinquent for more than 30 days will be accessed a late fee of 20% per month compounded. By initialing below, I acknowledge that I will be accessed late fees and agree to pay them should I not pay fees on time.**

\_\_\_\_\_ (Guarantor Must Initial)

**Guarantor's Initials**

*If students desire to continue their treatment longer than original agreement, a new Financial Agreement must be signed and approved for additional days. Students are assessed a charge of \$50.00 per day.*

*UNITE voucher recipients that are court ordered for more than 100 days must have a Financial Agreement in place that takes effect on the date their UNITE voucher ends. A student cannot continue in the program past 100 days unless the next month's fee is paid in advance.*

*We make budgeting decisions based on financial commitments made at time of admission. Due to this fact, please understand that this financial agreement cannot be amended once a student is admitted.*

**GUARANTOR'S FINANCIAL COMMITMENT**

I, the above listed guarantor, understand that I am agreeing to pay for the above listed student's program at Karen's Place. In exchange for agreeing to pay for the above student's program at Karen's Place, Karen's Place agrees to provide a substance abuse recovery program for the specified duration of time in this agreement. This is a legally binding contract that I am making with Karen's Place to provide substance abuse recovery services to the above-mentioned student in exchange for the financial commitment that I have guaranteed to make on the student's behalf. I also understand that failure to fulfill the commitments in this contract could result in the provider turning this account over to collections or pursuing legal action to collect this account.

**I understand that the above-mentioned student will not receive completion certificate or letter if their account is not current at the time of completion.** By initialing below I acknowledge and I understand the preceding sentence regarding the issuance of completion certificates and letters.

\_\_\_\_\_ (Guarantor Must Initial)

**Guarantor's Initials**

Furthermore, I hereby agree to be financially responsible for the above named student's program fees for the treatment program chosen above. I understand that my financial obligation may extend past their graduation date or if they leave the program.

\_\_\_\_\_  
Guarantor's Printed Name

\_\_\_\_\_  
Guarantor's Signature

Date \_\_\_\_\_

NOTARY PUBLIC

\_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Finance Director's Signature

Date \_\_\_\_\_

**PART OF THE RECOVERY PROCESS IS LEARNING TO MEET YOUR RESPONSIBILITIES. EFFECTIVE 2/13/2012, NO CERTIFICATE OF COMPLETION WILL BE ISSUED UNLESS THE STUDENT'S ACCOUNT IS PAID IN FULL.**

**\*\*\*\*FINANCE DIRECTOR SIGNATURE REQUIRED BEFORE BED DATE IS SCHEDULED\*\*\*\***