

## **Shorewood House Admission Agreement**

This is an agreement between Meta House, Inc., which operates Shorewood House and \_\_\_\_\_ (referred to in this agreement as “Resident”).

Shorewood House is a comprehensive substance abuse treatment program for women. Resident desires to receive residential treatment services from Shorewood House for a substance use disorder.

Therefore, Resident and Shorewood House agree as follows:

1. Shorewood House agrees to provide holistic treatment services to Resident, including the following:
  - a. food and lodging
  - b. treatment planning
  - c. individual counseling
  - d. group counseling
  - e. drug/alcohol and mental health education
  - f. experiential therapy services
  - g. recovery support services, which includes referrals to outside services as needed
  - h. medication and health monitoring
  - i. discharge planning
  - j. onsite leisure time activities
2. The basic daily rate for Shorewood House services is \$500. Additional optional services are available, for which there may be additional fees. Written information on any additional fees will be provided to the Resident in advance.
3. Resident will receive written notice of any change in the above rate at least 30 days in advance.
4. Resident may pay for services using insurance (with prior approval) or may self-pay using cash or credit.
5. If Resident requires a temporary absence from Shorewood House for less than five days, Resident’s bed will be held for her and the usual daily fee will be charged. Any absence that is five or more days in length will be discussed with the treatment team and the need for discharge from treatment will be decided on a case-by-case basis.
6. Resident agrees to comply with the rules and regulations of Shorewood House during her stay.
7. Circumstances may arise that require a discharge from treatment prior to completion. These can include:
  - a. Resident requests that treatment be terminated or refuses further services. If Resident withdraws against medical advice, her counselor will advise her of possible risks associated with her decision.
  - b. Shorewood House is unable to meet Resident’s needs, related to the severity of mental or physical health symptoms.

- c. Resident cannot be located or is deceased.
- d. Resident presents a risk of serious harm to the health or safety of self, other residents, or employees.
- e. Resident commits a serious infraction of program rules. Examples of behavior which may result in discharge from treatment prior to completion include:
  - i. Physical violence or threats of physical violence;
  - ii. Vandalism, theft or destruction of personal or Meta House property;
  - iii. Sexual acting out, sexual harassment or sexually inappropriate contact including language (Such behavior will be treated in a therapeutic manner with discharge as a possible consequence).
  - iv. Continual swearing, cursing or aggressive/abusive/threatening language.
  - v. Trafficking, possession or use of alcohol, illegal drugs, or tobacco on the premises.
- 8. In the case of involuntary discharge, Shorewood House will provide the client a 30-day written advance notice, except in a case where there is imminent risk of serious harm to the health or safety of the resident, other residents, or employees, as detailed above.
- 9. Within 30 days of discharge from treatment, Shorewood House will return all refunds due to Resident.
- 10. Resident understands and agrees that Shorewood House has the responsibility to report any actual or suspected child abuse or neglect.
- 11. Resident agrees that Shorewood House shall not be responsible for the loss, theft or destruction of any personal property. Resident agrees to release Shorewood House from any and all claims or expenses arising in connection with the loss, theft, or destruction of any personal property of Resident.
- 12. Resident understands that people from the community may visit Shorewood House. If Resident is not comfortable being seen by visitors, Resident can request that staff make reasonable efforts to notify Resident in advance of visits so Resident can choose to avoid the visitors.

I have read and explained to the above-named Resident the content of this agreement and answered all questions to the best of my ability.

Staff Signature: \_\_\_\_\_

Staff Title: \_\_\_\_\_ Date: \_\_\_\_\_

The content of this agreement has been explained to me, and I agree to enter treatment at Shorewood House under these terms.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_