



AGREEMENT OF FINANCIAL RESPONSIBILITY

Name: _____ Entry Date: _____
Location: _____

NEVER ALONE RECOVERY program fees are \$150 per week. Fees include housing, utilities, and wi-fi. Additional charges for excessive utility use, maintenance service charges, or property damages may apply and will be prorated as applicable. I understand that I may pay fees on a weekly, bi-weekly, or monthly basis. If paying on a weekly basis, I understand that I must pay fees a week ahead. All fees will be collected during the community meeting each week.

I understand there is an Admission Fee of \$350

I further understand that the Admission Fee is non-refundable.

- I understand that a money order is the **preferred** method of payment for program fees.

In acceptance of the **AGREEMENT OF FINANCIAL RESPONSIBILITY** with **NEVER ALONE RECOVERY** I agree to follow the Behavioral Standards and make my scheduled payments when due. I further understand that repeated failures to meet my financial responsibilities without prior director approval can result in a change of living environment.

PROMISE TO PAY ACCOUNT

For and in consideration of services to be rendered I promise to pay **NEVER ALONE RECOVERY** all charges rendered to me from program beginning to end. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Resident: _____ Date: _____

Staff: _____ Date: _____