

CLIENT ADMISSION AGREEMENT

*West Slope Recovery, Inc., is licensed and certified by the State of California Department of Alcohol and Drug Programs, as a residential treatment program. WSR, Inc., is a non-medical social model men's residential treatment facility which is not allowed to provide medical detox or medical care or nursing care. The WSR, Inc. program provides temporary residence and counseling for men suffering from substance use disorders.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CLIENT LOG # CLIENT NAME DATE

CLIENT AND West Slope Recovery, Inc., AGREE TO THE FOLLOWING

1. General Services

- a. A room that will be shared by two or more persons.
- b. Appropriate and comfortable bed and linens.
- c. Three nutritious meals and between meal snacks.
- d. Special diets may be accommodated for, if prescribed by a Medical Doctor.
- e. Cleaning supplies and equipment.
- f. Laundry equipment, (washer
- g. Plan for and provide transportation to local legal, medical and dental appointments.
- h. Notify appropriate person, agency and family of client needs.

1. Personal Services

- a. Continuous observation, supervision and care.
- b. Assistance, as needed with over the counter and prescribed medications, in accordance with prescribing Physicians'/Doctors' orders.
- c. Supervise the safe keeping of appropriate client property, if and when necessary.
- d. Plan for and provide transportation to purchase personal hygiene products.

1. Scope of Care

- a. Screening, referrals, intake, assessment, treatment planning, and discharge planning.
- b. 24 hours of group counseling, to include education, process and recreation each week.
- c. One hour Monday thru Saturday morning, KICK OFF group, covering house business, conflict resolution and client schedules.
- d. Observed random urine collection and analysis. Results held in client File.
- e. On site 12 Step Meeting s are provided as well as transportation to some outside Meeting.

1. Client Cost of Care

\_\_\_\_\_ Private Pay

The cost of care / services is set at \$ 3000.00 or \$ 100.00 per day. Payment will be made in advance of entry to the program.

\_\_\_\_\_ Public and Government Funded Client

a. Public and government funded clients are subject to the contracts and /or laws. That will be added to this agreement at such time the contracts are acquired.

\_\_\_\_\_ Public/Government Funding Agency Information

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_-

Name of Person Authorizing Name of Agency Phone Number

\_\_\_\_\_

Address City State Zip Code

#### 1. Refund Policy

There are No Refunds. In the event of sudden illness, documented by a physician, there may be considerations made for a prorated reimbursement at \$100.00 per day .

#### 1. Successful Completion /Discharge

Successful completion will consist of;

- a. Regular attendance and participation of groups and individual sessions.
- a. Completion of all group and individual assignments and achievement of treatment plan goals.
- a. Completion of the first three steps, of the 12 Steps, within the first thirty days, for a thirty day treatment stay and completion of assigned steps for longer stays.
- a. Consistent compliance of the agencies rules.
- a. Regular attendance of outside 12 Step Meetings.

#### 1. Unsuccessful Discharge or Removal

- a. When the individual is not responsive to the program or the program has been proven to be ineffective.
- b. Lack of participation in program.
- c. Violation of agency/program rules.
- d. Emergency removal will take place when the health and safety of others in the program are deemed endangered.
- e. In cases of physical abuse, threats of violence, sexual harassment, or client is deemed unnameable to treatment.
- f. Removal from treatment by Law Enforcement Officers, (arrest or incarceration).
- g. Removal for reasons of physical health or mental health that may require hospitalization or a more intensive form of treatment.

#### 1. Grievance Procedure

- a. Any grievance should first be brought to the client's primary counselor for discussion and resolution.
- b. If Grievance is unable to be resolved within 24 hours, the client will present the grievance in writing to the Program Director.
- c. If the grievance has not been resolved within or the client believes it has not been resolved to his satisfaction, the client will present in writing the grievance to the Executive Director. If the grievance is perceived or believed to be unresolved, the client can take f urther action by contacting the address below.

Any individual may request an inspection of an alcohol and drug treatment program and facility.

Department of Alcohol and Drug Programs

1700 K Street, Sacramento, CA 95811

Attn: Complaint Coordinator

(916) 322-2911

1. The clients signature on this document indicates that he has read or has had it read to him and he has been given explanation of the information contained within this agreement and he is in agreement with this document and that his signature is voluntary.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF SIGNATURE DATE

## RELEASE OF LIABILITY AGREEMENT

In exchange for participation in the activity of groups, chores, residency and any other activities organized by West Slope Recovery, Inc. and or use of the property, facility and services of WSR, Inc.

I, \_\_\_\_\_ *Client Name* \_\_\_\_\_, agree for myself and for the members of my family, to the following:

1. I agree to observe and obey all rules and warnings, and further agree to follow any oral or written instructions or directions given by WSR, Inc or the employees, representatives or agents of WSR, Inc.

2. I recognize that there are certain inherent risks associated with the above described activities and I assume full responsibility for any personal injury to myself and my family, and further release and discharge WSR, Inc. for any injury, loss or damage to my personal property arising out of my participation, activities, use or presents upon the facilities of WSR, Inc., whether caused by the fault of myself, family, activity or other third parties.

3. I agree to indemnify and defend WSR, Inc. against all claims, cause of action, damages, judgments, cost or expenses, including attorney fees and other litigation cost, which may in any way arise from my participation, use or presents upon the facilities of WSR, Inc.

4. I agree to pay for all damages to the facilities of WSR, Inc. caused by me or my family's negligent, reckless, or willful actions.

5. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN RIGHTS.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT SIGNATURE ADMISSION DATE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF SIGNATURE ADMISSION DATE

Copy of Client Admission Agreement and Release of Liability is given to client at time of intake as a part of the client Buddy Pack.