



PROVIDENCE WOMEN'S RECOVERY  
AN OUTREACH OF PROVIDENCE MINISTRIES  
711 SOUTH HAMILTON STREET DALTON, GA 30720

FINANCIAL AGREEMENT

I/We \_\_\_\_\_ understand and agree to the following financial terms concerning placement of

\_\_\_\_\_ in the Providence Ministries Women's Recovery Program. The contribution amount is \$2,999. This amount can be paid half at admission and remaining balance within 60 days. This is not payment for the program, but is to help with the operation of the home and ministry.

This amount includes a \$500 nonrefundable administrative fee. A per diem fee of \$100 is assessed for every day up to 30 days. After 30 days in the program, there are no refunds whether the client leaves the program voluntarily or involuntarily.

For Extended Stay (contribution of \$1,000 for 30 days), a per diem fee of \$50.00 will be assessed for each day up to 30 days, whether the client leaves the Program voluntary or involuntary.

Spending money for the participant is a necessity. You may provide a maximum of \$50 per week for the participant to use for personal items. We recommend a balance of at least \$200 to start.

There is a \$150 deposit required for medical and/or medications. Providence is not responsible for any medical or physician charges. If detox is necessary in Dalton, we can offer a referral to a detox facility and will provide transportation to the local hospital emergency room.

For staff time and transportation, excessive trips to doctor appointments, emergency room or other appointments will be \$50 charge per visit. If you are sick or need ongoing services, we request you have the issue resolved before coming into our program. Multiple visits or issues may result in temporary dismissal until the condition is resolved.

Transportation to and from the Chattanooga Airport or bus station is \$50 each trip.

There is a \$100 charge for blood work done in Dalton, Georgia.

I/We understand and agree to the financial terms of the placement in Providence Ministries Women's Recovery Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

PHONE 706.519.0404 FAX 706.673.3845