



NEW HAVEN RESIDENTIAL TREATMENT CENTER

ENROLLMENT PACKET

FORMS & AGREEMENTS

INSTRUCTIONS: PLEASE REVIEW AND FULLY COMPLETE EACH OF THE FOLLOWING FORMS AND AGREEMENTS. IF YOU HAVE ANY QUESTIONS ABOUT ANY OF THE FORMS OR AGREEMENTS, PLEASE CONTACT NEW HAVEN. ALL FORMS AND AGREEMENTS MUST BE FULLY COMPLETED AND SIGNED BEFORE THE STUDENT MAY BE ENROLLED.

Enrollment Agreement

Exhibit A – Tuition Financial Agreement

Exhibit B – Authorization for Release of Information

Exhibit C – Assignment / Release of Insurance Benefits

Exhibit C – Prescription Benefit Information

Exhibit D – Power of Attorney

Exhibit E – Release of Student School Records

Exhibit F – Commitment to Therapy

Exhibit G – Interstate Compact Placement Request

Exhibit H – Recreational Activity Release of Liability and Express Assumption of Risk Agreement

Exhibit I – Art Work and Picture, Likeness and Image, and Confidentiality Release

Exhibit J – Student Contact Information

Exhibit K – Post-Discharge Services Agreement

Exhibit L – Research Study Consent Form

ADDITIONAL INFORMATION

PLEASE BRING THE FOLLOWING ITEMS UPON ENROLLMENT

- | | |
|--|--|
| A. Copy of Picture ID (Driver's License/School ID) | E. Official School Transcripts |
| B. Copy of Student's Social Security Card | F. Copy of Insurance Card |
| C. Copy of Student's Birth Certificate | G. Custody/Court Documents (if applicable) |
| D. Copy of Student's Immunization Record | |

TUITION & FEES SUMMARY

The following fees must be paid to New Haven upon Student's admission:

- Tuition for the first thirty (30) and last thirty (30) days of treatment;
- Enrollment fee of \$1,500; and
- Student account deposit of \$1,000.00.

For complete details on tuition and fees, see Exhibit A, Tuition Financial Agreement.

NEW HAVEN ENROLLMENT AGREEMENT

In consideration of the mutual promises set forth in this New Haven Enrollment Agreement ("Agreement"), New Haven Residential Treatment Center ("New Haven"), and the Sponsor (defined on the signature page) agree as set forth below. In this Agreement, each of New Haven and the Sponsor may be referred to as a "Party" and may be collectively referred to as the "Parties."

- 1. Sponsor Delegation of Custodial Authority.** The Sponsor affirms they are the legal parents or guardians of the Student (defined on the signature page) and that they expressly desire to enroll her in New Haven's treatment program. The Sponsor agrees to temporarily delegate their parental or guardian powers regarding the care, custody and property of the minor-aged Student to New Haven, as the Student's true and lawful Attorney-In-Fact, by signing the Power of Attorney included as Exhibit D to the New Haven enrollment packet. The Sponsor acknowledges that the Power of Attorney is only valid for a period of six (6) months according to Utah law, and the Sponsor agrees that if the Student's enrollment at New Haven will extend for a period longer than six (6) months, one (1) month prior to the expiration of the Power of Attorney, the Sponsor will execute another Power of Attorney so that a Power of Attorney will be in effect for the entire duration of the Student's enrollment at New Haven without lapse. The Student's continued enrollment at New Haven is contingent upon the existence of a valid Power of Attorney and the timely receipt of additional Powers of Attorney from the Sponsor.
- 2. New Haven Services.** Upon execution of this Agreement by the Parties and admission of the Student, as determined in the sole discretion of New Haven, New Haven agrees to provide the following general services to the Student: room and board, counseling and therapeutic services for the Student and Sponsor, educational and academic services, laundry services, nursing services, selected Student psychological and educational evaluations and assessments, personal Student supervision, supervised use of recreational equipment and facilities, supervised work experience as appropriate and/or necessary, and bookkeeping and clerical assistance with the Student's home school district or others on an as needed basis according to New Haven's policies and procedures. (A copy of the New Haven policies and procedures will be made available to the Sponsor upon request.) Limited assistance with insurance and/or other agency forms or claim submission may be provided upon agreement by New Haven. New Haven agrees to provide the services to the Student and to operate the facility in compliance with applicable state and federal law.
- 3. Student Tuition, Program Fees and Enrollment Fees.** In consideration for the services provided by New Haven under this Agreement, the Sponsor agrees that they have read, understand, have completed, and have signed the Tuition Financial Agreement which is made part of this Agreement as Exhibit A, and that they agree to make timely payments to New Haven of all program fees and enrollment fees outlined in the Tuition Financial Agreement. Except as otherwise provided in this Agreement (or any Exhibit to this Agreement), Sponsor is financially obligated to pay all enrollment and program fees for the entire treatment period. Sponsor's total program fee obligations under this Agreement will be billed to Sponsor in monthly installments. New Haven charges the full daily tuition rate for both the Admittance Date and Discharge Date. The program and enrollment fees cover only the services provided by New Haven as described in Paragraph 2. New Haven will not release the official transcripts of the Student's academic credits until all amounts due New Haven under this Agreement have been paid in full.
- 4. Student Account and Non-Covered Expenses.** A Student Account will be maintained in accordance with Exhibit A for the benefit of the Student to cover personal expenses and incidental costs and expenses incurred by the Student during her enrollment at New Haven. The Sponsor agrees to maintain a sufficient monetary balance in the Student's Account to cover, and agrees that Sponsor is financially obligated to pay (in addition to all tuition, program, and enrollment fees) all expenses incurred by the Student while in treatment at the New Haven facility that are not covered by the program fees or enrollment fee. The Sponsor understands and agrees that the following expenses, among others, are not covered by the program or enrollment fees: the costs

associated with the transportation and escort of the Student to and from New Haven upon admittance, discharge, and any approved home or third-party visits; costs of any property damage and/or personal injuries the Student causes to the person or property of the New Haven facility, the Student (herself), other students, New Haven employees, contracted professionals, or any visitors or third parties while the Student is in the custody of New Haven or during any abandonment of the program by the Student; costs to locate a Student during an abandonment of the program; New Haven's costs to collect on any delinquent amounts owed by the Sponsor under this Agreement, including but not limited to reasonable attorney's fees and court costs; the Student's personal expenses; medical, dental, and prescription medication expenses; clothing purchases; hair cuts, escort fees (if applicable); other forms of commercial transportation (including reasonable costs of ground transportation) and staff escorts not associated with standard activities and programs of New Haven; costs assessed by the community or public library for loss or damage of materials or other fees; and costs associated with the replacement of any lost or damaged materials or books checked out to the Student from the New Haven media center.

5. **Insurance Coverage and Arrangements with Third Parties.** This Agreement is between New Haven and Sponsor, and Sponsor is personally responsible for all program fees, enrollment fees, and Student costs incurred during the Student's enrollment at New Haven. If an insurance provider will be covering all or part of the program, enrollment, or other fees, Sponsor shall be solely responsible to determine eligibility and pre-approval for such insurance benefits and to make all arrangements with the insurance provider to cover the costs. This may include Sponsor's need to, among other things, complete pre-certification medical treatment screenings or make billing arrangements with the applicable insurance company. The Sponsor will also be responsible to make arrangements with the Student's school district to transfer all relevant and applicable school records to New Haven for the Student's continuing education. New Haven may provide any of the above services in New Haven's sole discretion upon the request of the Sponsor. Sponsor must make such request at the time the Student is admitted to New Haven. New Haven will only perform the services after the Sponsor has signed the "Assignment / Release of Insurance Benefits" which is Exhibit C to this Agreement.
6. **Student Admittance and Discharge.** Except as otherwise provided in this Agreement, the student will be admitted to New Haven commencing on the Admittance Date listed on the signature page and is expected to remain in the New Haven treatment program until the Discharge Date listed on the signature page (the "Contract Period"). In the event the Student attains age eighteen (18) years before completion of the agreed Contract Period, the Student's enrollment will end on her eighteenth (18) birthday unless the Student agrees, in writing, to continue her enrollment. If the Student remains in the program after the Contract Period, this Agreement will remain in effect until the Student is formally discharged from New Haven.
7. **Student May Be Discharged For Any Reason.** The Parties agree that New Haven has the right to discharge the Student for whatever reason, as determined in the sole discretion of New Haven, including but not limited to a determination that (a) the Student is not responding to treatment, (b) continued placement in the facility is not in the best interest of the Student, the Sponsor and/or New Haven, or (c) the Student does not meet admission criteria after the initial assessment. Except as otherwise provided for in this Agreement, if New Haven determines to discharge the Student, New Haven agrees to notify the Sponsor of such intent at least five (5) days prior to discharge. In the event New Haven recommends early discharge of the Student due to clinical readiness, as determined in the sole discretion of New Haven, her enrollment will end on a date mutually agreed upon by the Sponsor and New Haven.
8. **Emergency Discharge.** New Haven will notify the Sponsor as soon as reasonably possible in the event New Haven determines, in its sole discretion, that an emergency discharge or transfer of the Student is necessary for the Student's own health or safety. The Student may continue enrollment in the New Haven treatment program after the emergency situation has been resolved if, based on the clinical judgment of New Haven, the health or safety of the Student will not be jeopardized by the Student's continued enrollment. At the time New Haven relinquishes physical custody of the Student to the Sponsor or Sponsor's agent during an emergency discharge, the Sponsor will not incur any further New Haven program fees or charges.

9. **Acts of God.** New Haven is not responsible for damage to the Student's person or property resulting from Acts of God. "Acts of God" may include but are not limited to earthquakes, tornados, fires, floods, hurricanes, lightning strikes, power surges or any other accident that is not a result of the gross negligence of New Haven. In the event any Act of God renders the New Haven facility inoperable such that New Haven may not continue to provide adequate care for the Student, New Haven will notify the Sponsor as soon as reasonably possible after the occurrence of the emergency and the Sponsor will arrange for discharge and/or transfer within twenty-four (24) hours of such notification.
10. **Student Abandonment of New Haven Facility.** In the event of the Student's abandonment of New Haven's program, New Haven will contact the Sponsor as soon as reasonably possible. Student discharge will become official after seventy-two (72) hours from the time of the abandonment. The Sponsor may work with the New Haven Clinical Director to determine the possibility of re-admission. The Sponsor remains financially responsible for all fees until the Student's abandonment becomes official.
11. **Voluntary Withdrawal of Student.** The Sponsor may withdraw the Student from New Haven at any time prior to the end of the Contract Period upon twenty-one (21) days written notice of the intent to withdraw the Student. Should the Sponsor elect to withdraw the Student and the Sponsor fails to provide New Haven the entire twenty-one (21) day notice, New Haven reserves the right to charge program fees for twenty-one (21) days. The Sponsor is not required to provide advanced written notice for an early withdrawal of the Student in cases where the Sponsor's insurance company denies coverage, coverage terminates or benefits are exhausted during the Contract Period. In such cases, New Haven and the Sponsor will arrange a timely discharge of the Student and the Sponsor will only be responsible to pay program fees through the date the Student is discharged.
12. **Sponsor Informed Consent and Assumption of the Risks.** By signing this Agreement and the Recreational Activity Release of Liability and Express Assumption of Risk Agreement, which is Exhibit H to this Agreement, the Sponsor is acknowledging and representing to New Haven that they fully understand the dangers and risks to the Student associated with third-party custodial care, the services described in Paragraph 2, and the activities (including but not limited to recreational activities) and programs provided by New Haven in connection with its treatment program and that Sponsor agrees to assume any and all such risks. Additionally, by signing this Agreement and Exhibit H, the Sponsor gives informed consent on behalf of the Student to participate in the New Haven treatment program and all recreational activities made available to the Student through the treatment program and acknowledges that New Haven is not designed or staffed to prevent student abandonment and is not liable in any way if the Student abandons New Haven's program. The Sponsor also hereby acknowledges that they have read and understand all areas of the informed consent section of the Sponsor (Parent) Manual and that all information and agreements in that section are by this reference incorporated into this Agreement. The programs and activities in which the Student may participate, may include but are not limited to educational/therapeutic programs, work projects, testing and evaluations (including but not limited to pregnancy, drug and alcohol tests and psychological examinations), training programs, horseback riding, river rafting (Class 3 or lower), swimming, ropes course, snowmobiling, rappelling, rock climbing and other various forms of recreation and athletics. To the extent there is any conflict in the terms between this Agreement and Exhibit H, the terms of Exhibit H will govern.
13. **Sponsor Waiver, Release and Indemnity.** In consideration of the enrollment of the Student and the services provided by New Haven, the Sponsor individually (and jointly and severally as the case may be), and on behalf of the Sponsor's executors, administrators, heirs, next of kin, representatives, successors and assigns, agrees to: (a) waive, release and discharge New Haven and its successors, assigns, parents, subsidiaries, affiliates, employees, managers, members, officers, directors, attorneys, agents and other representatives ("Released Parties") from any and all liability for the death, disability, illness or personal injury of the Student, or damage or theft of the Student's property, occurring while the Student is enrolled with New Haven or during any period after the Student has abandoned New Haven's program, whether occurring on or off the New Haven campus, and covenants not to sue any of the Released Parties with regard to the same; and (b) protect, defend, hold harmless and indemnify each of the Released Parties from and against any and all claims,

actions, causes of action, proceedings, suits, costs, liabilities, damages, and expenses, whether known or unknown (including but not limited to all direct, special, incidental, exemplary and consequential damages, and losses of any kind and attorneys' fees) based upon, resulting from and/or relating in any way to the Student's enrollment with New Haven, including but not limited to any abandonment of New Haven's program by the Student. In addition to the waiver, release and indemnity above, the Sponsor has fully read, understands, and has signed the Recreational Activity Release of Liability and Express Assumption of Risk Agreement, which is Exhibit H to this Agreement, which provides an additional waiver, release, and indemnity in favor of New Haven.

14. **Sponsor Consent to Search, Restrain, and Provide Student Drug Screenings.** Sponsor acknowledges that in the course of enrollment of the Student, and from time to time throughout Student's enrollment in the treatment program, it may be necessary to restrain the Student, perform searches of the Student's personal belongings to confiscate contraband, or to administer urinalysis or blood tests for drug screenings of the Student. The Sponsor hereby specifically consents to such activities as deemed necessary in the sole discretion of New Haven.
15. **Unauthorized Employee Actions.** The Sponsor understands and agrees that New Haven can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsor also acknowledges and agrees that New Haven's standard policies and procedures for hiring employees are thorough and satisfactory to provide New Haven adequate and reliable information upon which to make its hiring decisions. The Sponsor therefore agrees to hold harmless and release New Haven and its successors, assigns, parents, subsidiaries, affiliates, members, officers, directors, attorneys, agents and other representatives (other than the employee who acted outside of the scope of his or her employment) from all liability or damages for any actions of New Haven employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment, and the Sponsor hereby waives any right to claim make any claim against New Haven for negligent hiring of employees.
16. **Confidentiality.** All information related to the Student's participation in the New Haven program, and all assessments, evaluations, reports, notes, and the like related to the Student are protected by federal HIPAA laws and will be held in strict confidence, provided however, that such information may be disclosed in accordance with applicable laws to New Haven, its employees, and third-party service providers on a need to know basis.
17. **Sponsor Has Read, Understood, Completed and Signed Exhibits.** The Sponsor understands that each of Exhibit A through Exhibit L accompanying this Agreement and included in the New Haven Enrollment Packet, which the Sponsor signs, is incorporated into this Agreement by reference, as if the complete terms of each such exhibit were drafted into the body of this Agreement. The Sponsor acknowledges to New Haven that they have fully read and understand each exhibit, have fully completed the information required by each applicable exhibit and have signed each applicable exhibit. Although several of the exhibits are only applicable to certain sponsors and students, the following exhibits must be understood, fully completed, and signed for the Student to be admitted to New Haven: Exhibit A, Exhibit B, Exhibit C (if insurance provider will be covering program fees), Exhibit D, Exhibit E, Exhibit F, Exhibit G (if the Student's primary residence is outside the State of Utah), Exhibit H, Exhibit I, Exhibit J, Exhibit K and Exhibit L.
18. **Utah Law Governs this Agreement.** This Agreement shall be governed by and construed in accordance with the laws of the State of Utah. The parties hereto agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated only in the state and federal courts located in Utah County, State of Utah. If any portion hereof is held invalid, the balance shall continue in full legal force and effect. Failure of the Parties to enforce any term or provision of this Agreement shall not constitute or be construed as a waiver of

such term or provisions or right to enforce the same. If any provision of the Agreement is construed to be overbroad as written, the remaining provisions shall remain enforceable.

19. **Miscellaneous.** The Sponsor hereby acknowledges that the Sponsor has read this Agreement and understands and consents to its provisions. This Agreement and all documents (a) referenced herein, (b) accompanying this Agreement or attached hereto as an exhibit, or (c) included as part of the application packet constitute the entire Agreement between the Parties. All obligations of the Sponsor under this Agreement are joint and several, as the case may be. Except as otherwise stated herein, this Agreement cannot be modified except by mutual written agreement of the Parties.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the ____ day of _____, 20__.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Print Sponsor Name (Father/Guardian)

Print Sponsor Name (Mother/Guardian)

Student: _____
Print Student Name

Student DOB: _____ / _____ / _____
Student Date of Birth (Month /Day/Year)

Admittance Date: _____ / _____ / _____
(Month /Day/Year)

Discharge Date: _____ / _____ / _____
(Month /Day/Year)

If the Student is 18 years of age or older, the Student, in addition to the Sponsor, agrees to the terms of this Agreement by signing below.

Student Signature (if over 18)

.....
To Be Completed by New Haven Representative

Signature of Authorized New Haven Representative

Print Authorized New Haven Representative Name

**NEW HAVEN
TUITION FINANCIAL AGREEMENT**

The undersigned Sponsor agrees to pay New Haven under the terms of this Tuition Financial Agreement. Any capitalized terms not defined in this Tuition Financial Agreement shall have the meaning given to them in the New Haven Enrollment Agreement.

1. **Enrollment Fee.** One-time fee of \$1,500.00 (“Enrollment Fee”).
2. **Program Fees.** Unless otherwise provided in this Tuition Financial Agreement, the cost of tuition program fees is \$495.00 per day. Tuition begins on the first day of the Student’s arrival, the Admittance Date, and ends on the Student’s graduation date, the Discharge Date. The Sponsor agrees to pay the regular daily rate while the student is on leave for a home pass or other similar absence. Insurance or third-party payer rates are at the tuition cost listed above. In some limited cases, New Haven may, in its sole discretion, charge a program fee rate for charity/self-pay Sponsors of \$395.00 per day. If New Haven agrees to extend the charity rate to a Sponsor, the charity rate shall only apply if the Sponsor pays the discounted fee from its own funds and not from the funds a third-party payer or insurance provider. If a Student is discharged from or abandons New Haven before the Discharge Date, program fees will end on the date twenty-one (21) days from the date the Student is discharged or is deemed to have abandoned the program, unless the Sponsors has provided New Haven twenty-one (21) days written notice of their intent to withdraw the Student from New Haven, in which case the program fees will end on the date the Student is discharged.
3. **Post-Discharge Service Fees.** The cost of Post-Discharge Service packages are as follows: HomeWorks Standard Package - \$6,500; HomeWorks Support Only Package - \$4,500; HomeWorks Coaching Only Package \$2,500. HomeWorks Education Only Package pricing varies according to the number of courses selected. The Post-Discharge Services provided in each package are explained in Exhibit K and are highly recommended for the Student’s smooth transition into her new environment.
4. **Student Account.** New Haven will maintain an account for the student to cover the Student’s incidental fees and personal expenses the Student may incur during her enrollment at New Haven (“Student Account”). Upon enrollment, an initial deposit of \$1,000.00 shall be made into the Student Account (“Student Account Deposit”). The initial deposit may be made by check or credit card; however, a credit card must be kept on file for future deposits into the Student Account. Sponsor will receive a monthly statement outlining the personal expenses incurred by Student during the previous month. After the statement has been mailed, New Haven will charge the Sponsor’s credit card for the personal expenses incurred by the Student during the previous month. Any unused portion of the Student Account will be refunded to Sponsor upon Student’s discharge from New Haven.
5. **Fees Paid Upon Admission.** At the time of admission, the Sponsor agrees to (a) pay the applicable program fees for the first thirty (30) and last thirty (30) days of treatment, (b) pay the Enrollment Fee, and (c) make the Student Account Deposit. Student will not be admitted to New Haven if such fees are not paid in full at the time of admission.
6. **Monthly Program Fees.** The Sponsor shall pay New Haven program fees for treatment and services the Student is to receive during the month immediately following the payment due date. **Payment of tuition program fees is due the first (1st) day of each month.** The Sponsor will be billed on or around the twentieth (20th) day of each month for the subsequent month of treatment. During the Sponsor’s first and last billing cycles, if the Student is only to receive treatment and services from New Haven for part of that billing cycle, the program fees charged during the billing cycle will reflect that number of days in the billing cycle the Student is

to receive services.

- 7. **Late Payments and Penalties.** Payments received more than fifteen (15) days after the due date will be assessed a late penalty fee of \$50.00. In addition, interest at an annual rate of 19% compounded daily, or the maximum rate permitted by applicable law, will be assessed on the unpaid balance (including late fees) commencing on the due date.
- 8. **Methods of Payment.** Fees may be paid by check or credit card. Payments made by check through the mail should be made and sent as follows:

Make check payable to: Solacium New Haven

Mail payments to: New Haven - InnerChange
661 East Technology Ave. (Bldg. B)
Orem, Utah 84097

As a second option, payments can be made by credit card through a private and secure online account at www.xpressbillpay.com . A \$200 convenience fee is charged for each online payment. Tuition billing statements can be viewed online (regardless of payment method) through your account at this website address.

- 9. **Collection Costs.** The Sponsor agrees to pay New Haven for all collection costs incurred in connection with any amounts due under this Tuition Financial Agreement, including but not limited to reasonable attorneys' fees and court costs. All obligations of the Sponsor hereunder shall be joint and several, as the case may be.
- 10. **Credit Card Deposit.** The Sponsor shall provide New Haven a valid credit card number with available credit at the time of admission. In the event that tuition program fees are not paid within thirty (30) days after the due date, Sponsor hereby authorizes New Haven to charge the past due amount, including late fees, to the credit card provided by the Sponsor.
- 11. **Refunds.** Within two weeks after graduation/discharge of student, if applicable, a refund will be issued for fees paid in excess of amounts owed. The refunded balance due will be calculated to include any Student Account surplus and to be reduced by any Student Account deficit balance and amounts owed for any Post-Discharge Service package that the Sponsor has elected to purchase for the Student.

Sponsor Credit Card (Authorization given to be used for late tuition payments and Student Account expenses)

CREDIT CARD TYPE	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
NAME ON CREDIT CARD		
CREDIT CARD NUMBER		
SECURITY CODE		
EXPIRATION DATE		
CARD BILLING ADDRESS AND ZIP CODE		
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME		
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME		
STUDENT (PRINTED NAME)		
ENROLLMENT PERIOD		
TUITION COST PER DAY	CHARITY/SELF PAY COST PER DAY	

\$495.00	\$395.00
<p>The undersigned hereby authorizes New Haven to initiate charges against the undersigned's credit/debit card according to the terms of this Tuition Financial Agreement, specifically for late tuition charges and for Student's monthly personal expenses. The undersigned acknowledges this authority will remain in effect so long as the Student is enrolled at New Haven.</p>	

IN WITNESS WHEREOF, the undersigned have executed this Tuition Financial Agreement this _____ day of _____, 20____ .

 Sponsor Signature (Father/Guardian)

 Sponsor Signature (Mother/Guardian)

 Signature of Authorized New Haven Representative

payment or deny eligibility to the Patient for benefits based upon your refusal. You understand that if the persons or agencies authorized to receive this information are not health plans or health care providers, the released information may no longer be protected by federal privacy laws and they may re-disclose it to someone else. If the information about the Patient is released related to substance abuse treatment, the records are protected by federal confidentiality laws and New Haven is prohibited from making further disclosures of this information without your specific written authorization or as permitted by 42 CFR Part 2. Federal law restricts using this information for criminal investigation or prosecution.

Signed and agreed to this _____ day of _____, 20_____.

Guardian Signature

Patient Signature (if applicable)

Print Guardian Name

Relationship to Patient

Signature of Authorized New Haven Representative (Witness)

**NEW HAVEN
ASSIGNMENT / RELEASE OF INSURANCE BENEFITS**

I, _____, the legal parent or guardian (“Sponsor”) (or the Student, if 18), of _____ (“Student”), hereby authorize New Haven Residential Treatment Center (“New Haven”), to furnish my designated insurance carrier all information regarding the current medical condition, illness or injury of the Student. I further authorize benefits under this claim to be made payable directly to New Haven. I understand that I am financially responsible to New Haven for any charges not covered by this authorization or my insurance policy.

PRESCRIPTION BENEFIT INFORMATION

In the interest of providing a standardized medication management system for individuals, and to improve the quality and safety of medication processes and care for its students, New Haven contracts with a pharmacy vendor; (Omnicare, Inc. or aka Superior Care) to supply medications. The Sponsor, or the Student if 18 years of age, hereby authorizes New Haven to access prescription coverage for the Student.

In the interest of providing the necessary and appropriate medical care for the student, the Sponsor, or Student if 18 years of age, hereby authorizes New Haven to access medical, dental, and vision coverage for the Student at the provider or facility of our choice. Parents input of provider and facility choice will be taken into consideration when possible and appropriate.

In the event that the provided insurance does not cover any prescriptions, medical treatment, or medical supplies or equipment that is necessary to care for the student, I am providing a credit card number listed below to bill me for the excess cost. I, the undersigned legal parent or guardian of the Student, understand and agree that I am financially responsible for the cost of all medications, medical treatment, medical supplies and equipment not covered under my insurance benefits plan.

STUDENT SSN	
PRIMARY INSURANCE	
INSURED’S NAME	
INSURED’S SSN	
INSURED’S DOB	
EMPLOYER NAME AND ADDRESS	
GROUP / POLICY #	
PHONE NUMBER (INSURANCE)	
SECONDARY INSURANCE	
INSURED’S NAME	
GROUP / POLICY #	
PHONE NUMBER (INSURANCE)	
INSURED’S SSN	
INSURED’S DOB	

EMPLOYER NAME AND ADDRESS	
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Sponsor Credit Card (to be used for payment of any and all medical copayments, balances not paid for by insurance coverage, pharmacy prescriptions, medical supplies and equipment as noted above in this section)

CREDIT CARD TYPE	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
NAME ON CREDIT CARD	
CREDIT CARD NUMBER	
SECURITY CODE	
EXPIRATION DATE	
CARD BILLING ADDRESS AND ZIP CODE	

Signed and agreed to this _____ day of _____, 20____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

If the Student is 18 years of age or older, the Student, in addition to the Sponsor, agrees to the terms above by signing below.

Student Signature (if over 18)

**NEW HAVEN
POWER OF ATTORNEY**

KNOW ALL PERSONS BY THESE PRESENTS, that _____ the legal parent(s) or court-appointed guardian(s) ("Sponsor"), residing at _____, make, constitute, and appoint Solacium New Haven, LLC, a Delaware corporation, doing business as New Haven Residential Treatment Center, and its authorized employees and agents ("New Haven"), located at 2172 East 7200 South, Spanish Fork, Utah 84660, to be the true and lawful attorney-in-fact for _____, who was born on _____ ("Student"), for the purpose of providing custodial care and educational and clinical services.

The Sponsor hereby delegates to New Haven all the Sponsor's powers regarding care, custody and property of the Student that the Sponsor has as a parent or guardian, except the power to consent to marriage or adoption, as permitted by Utah law. Without limiting or qualifying the general Power of Attorney delegated and assigned by the Sponsor in the paragraph above, the Sponsor specifically grants New Haven the following powers:

1. To provide or obtain any medical treatment and hospital care and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well-being of the Student, including without limitation the implementation of life-sustaining procedures, as determined in the sole discretion of New Haven;
2. To obtain medical records or information (including any of the Student's individually identifiable health information and medical records regarding her past, present, or future medical or mental health condition, as well as any information or records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder) from any physician or other medical provider who has treated or consulted with the Student at any time, or from any other person who for whatever reason has access to or possession of such records, and to execute releases therefore;
3. To guide and discipline the Student as deemed necessary and reasonable by New Haven in its sole discretion (not to include corporal punishment);
4. To physically restrain the Student should she become a danger to herself, or anyone else, as deemed necessary by New Haven and its employees in their sole discretion;
5. To allow the Student to participate in various activities which may commonly risk physical injury, including but not limited to traveling, horseback riding, river rafting (Class 3 or lower), swimming, boating, waterskiing, snow skiing, hiking, biking, contact sports, four-wheeling, snowmobiling, sledding, camping, ropes course, rappelling, rock climbing and other various forms of recreation and athletics in addition to various experiential therapies;
6. To pursue all reasonable options to find and detain the Student upon her abandonment of the New Haven program, as determined in the sole discretion of New Haven.

This Power of Attorney lasts even in the event of the Sponsor's disability and shall be effective until the earlier of (a) six (6) months from the date hereof or (b) the discharge of the Student from New Haven. The signature of an authorized agent of New Haven, as the attorney-in-fact, indicating acceptance of the delegation of Power of Attorney and concomitant responsibility for the care of the Student follows.

IN WITNESS WHEREOF, Sponsor has executed this Power of Attorney as of the ___ day of _____, 20__.

Guardian #1:

Guardian Signature Father Mother Guardian

Print Guardian Name

NOTARY:

I certify that on this ___ day of _____ 20__,
_____, who is known to me or who presented satisfactory
identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document
and declared that it is true.

(Notary Seal)

Name: _____

Guardian #2:

Guardian Signature Father Mother Guardian

Print Guardian Name

NOTARY:

I certify that on this ___ day of _____ 20__,
_____, who is known to me or who presented satisfactory
identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document
and declared that it is true.

(Notary Seal)

Name: _____

New Haven Representative

Signature of Authorized New Haven Representative

New Haven Representative Position

**NEW HAVEN
RELEASE OF STUDENT SCHOOL RECORDS**

	REQUESTING SCHOOL	SENDING SCHOOL
SCHOOL	New Haven School	
STREET ADDRESS	2172 East 7200 South	
CITY	Spanish Fork	
STATE, ZIP CODE	Utah 84660	
PHONE NUMBER		
FAX NUMBER	(801) 794-9558	

Student Name

Date of Birth

SSN

Does this student have an active IEP? ___Yes ___No

The New Haven School hereby requests the release of education records for the student identified above who recently enrolled in New Haven School in the _____ grade. I hereby request the release of the following school records to be sent to New Haven:

1. Transcripts
2. Withdrawal Grades (include any incomplete classes, if applicable)
3. Special Education Records (include any counseling information)
4. Any additional information which would be of assistance in placing this student

Dated: _____

Signature of Authorized New Haven Representative

New Haven Representative Position

Utah State and Federal Law do not require a guardian's signature for educational records to be sent to officials of another school or school system where the student seeks or intends to enroll; if Student is transferring from outside the State of Utah, a parent or guardian should sign below.

Dated: _____

Guardian Signature Father Mother Guardian

Print Guardian Name

**NEW HAVEN
COMMITMENT TO THERAPY**

New Haven expects the parent(s) or guardian(s) (Sponsor) to be involved with the Student's admission. At New Haven we expect parents (Sponsor) to take treatment seriously and make appropriate accommodations for therapy. If the treatment team concludes that family involvement is not occurring, New Haven reserves the right to arrange discharge of the Student.

As the Sponsor, I commit to attend all family weekends and make available reasonable time for weekly family therapy.

Signed this _____ day of _____, 20____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Signature of Authorized New Haven Representative

ICPC 100A
REV. 8/2001

One form per child
Please type

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	
ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (optional): Soc Sec # (optional):
Address:			Phone:
Type of Care Requested:		<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only			
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable):		Supervisory Services Requested:	
<input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	
		Supervisory Reports Requested:	
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____	
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS**

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION			
Child's Name: _____	Birthdate: _____		
Mother's Name: _____	Father's Name: _____		
SECTION II - PLACEMENT STATUS			
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State: _____		
Name of Resource: _____			
Address: _____			
Type of Care: _____			
<input type="checkbox"/> Placement Change	Effective Date of Change: _____		
Name of Resource: _____			
Address: _____			
Type of Care: _____			
SECTION III - COMPACT PLACEMENT TERMINATION			
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s)	<input type="checkbox"/> Court Order Attached		
<input type="checkbox"/> Legal Custody Given to Relative	<input type="checkbox"/> Court Order Attached		
Name: _____		Relationship: _____	
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Child Has Moved to Another State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
Name of Placement Resource: _____			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
Name of Approved Placement: _____			
<input type="checkbox"/> Other (Specify): _____			
Date of Termination: _____			
SECTION IV - SIGNATURES			
Person/Agency Supplying Information: _____			Date: _____
Compact Administrator, Deputy or Alternate: _____			Date: _____

DISTRIBUTION (Complete four (4) copies of this form):
• Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
• Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
• Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency

**NEW HAVEN
RECREATIONAL ACTIVITY RELEASE OF LIABILITY AND
EXPRESS ASSUMPTION OF RISK AGREEMENT**

BY SIGNING THIS AGREEMENT YOU, THE UNDERSIGNED PARTICIPANT (OR GUARDIAN OF PARTICIPANT), ARE WAIVING CERTAIN LEGAL RIGHTS. PLEASE READ THE AGREEMENT IN ITS ENTIRETY AND BE CERTAIN YOU UNDERSTAND ITS IMPLICATIONS BEFORE SIGNING.

The following undersigned individuals being either (a) an individual of at least 18 years of age, or (b) the parent or guardian of a minor child ("Guardian"), do hereby affirm and acknowledge that they have been fully informed of the inherent hazards and risks associated with the recreational activities offered or sponsored by New Haven Residential Treatment Center ("New Haven"), in which they may participate. Each of the parents or guardians, the minor child, or the adult student is referred to herein as a "Participant." As referred to in this agreement, "Activity" includes but is not limited to such recreational activities as horseback riding, river rafting (Class 3 or lower), swimming, boating, waterskiing, snow skiing, hiking, biking, contact sports, four-wheeling, snowmobiling, sledding, camping, ropes course, rappelling, rock climbing and other various forms of recreation and athletics in addition to various experiential therapies. Such activities include transportation to and from the Activity sites and the use of equipment related to the Activity. **In consideration for being permitted to participate in any way in any Activity, Participant and/or Guardian hereby agrees, acknowledges and appreciates that:**

1. Participant and/or Guardian acknowledge and agree that the Activities involve various inherent risks and may be extremely hazardous and that these risks are impossible to eliminate fully by even the most prudent and careful conduct on the part of New Haven. Participant and/or Guardian expressly covenant that Participant's participation in any Activity is of Participant's own free will and Participant and/or Guardian assume all risk associated with such participation. **Inherent hazards and risks include but are not limited to:**
 - a. Significant injuries, including the potential for serious physical and/or mental trauma or injury, including but not limited to broken bones, concussions and other head-related injuries, loss of limb, paralysis and even death;
 - b. Minor injuries, including but not limited to sprains, bruises, burns, cuts, abrasions and whiplash;
 - c. Injury resulting from Participant's fatigue, dizziness or lack of physical coordination;
 - d. Injury resulting from Participant's inability to follow instructions or act in a manner consistent with Participant's abilities;
 - e. Injury to person or property resulting from Participant's own negligence and/or the negligence of others, including employees, agents, volunteers, independent contractors or representatives of New Haven, including but not limited to operator error and guide decision-making errors, which may include misjudging terrain, rapids, weather, trails or route location;
 - f. Risk of equipment failure and/or malfunction;
 - g. Natural hazards including but not limited to surface or subsurface conditions of the property surrounding the site of the Activity;
 - h. Risks inherent in outdoor Activities, including but not limited to impact of the body upon the water, injection of water into body orifices, encountering or collision with objects either natural or man-made, and attacks by or encounters with insects, reptiles and/or animals;

- i. Risks inherent in handling trained animals, especially horses, including the propensity for animals to behave in dangerous ways that may result in injury to Participant regardless of the animal's previous training and past performance, including the propensity to run, buck, bite, kick, shy, stumble, rear, trample, scratch, peck, fall, make unpredictable movements, spook, jump, butt, step on a person's feet, push or shove, all without warning or apparent cause;
- j. Risks associated with exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied temperature and all other natural conditions;
- k. Risks associated with exposure to cold or hot weather, including but not limited to frostnip, frostbite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration; and
- l. Risks associated with accidents or illnesses that occur in remote places where there are no available medical facilities.

Participant and/or Guardian understand that the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death to Participant.

2. Participant and/or Guardian willingly agree to comply with all rules established by New Haven while participating in any Activity. Participant will not endanger others or Participant's own person while participating in any Activity. If Participant observes any hazard or unusual or dangerous behavior of any other participant, Participant will bring it to the attention of New Haven.
3. Participant has no physical or medical condition that, to Participant's and/or Guardian's knowledge, would endanger others or Participant if Participant were to participate in any Activity. Participant and/or Guardian, as applicable, hereby consent to medical treatment that is deemed advisable in the event of injury, accident or illness occurring during Participant's participation in any Activity. Participant and/or Guardian, as applicable, hereby acknowledge that they are solely responsible for any hospital, medical or treatment costs arising out of any personal injury sustained by way of Participant's participation in any Activity.
4. With respect to any and all injury, illness, disability, death, or loss or damage to person or property, Participant and/or Guardian, as applicable, for themselves and on behalf of their executors, administrators, heirs, next of kin, representatives, successors and assigns, and family members (collectively, the "Releasing Parties"), agree to protect, defend, hold harmless, and indemnify, and do release, remise and forever discharge New Haven and its successors, assigns, affiliates, present and former direct and indirect owners, employees, volunteers, independent contractors, managers, trustees, consultants, board members, officers, directors, attorneys, agents and other representatives (collectively, the "Released Parties") from and against any and all claims, actions, causes of action, proceedings, suits, costs, liabilities, damages, and expenses, whether known or unknown (including but not limited to all direct, special, incidental, exemplary, punitive, and consequential damages, losses of any kind and attorneys' fees), and however caused, including without limitation by intentional, reckless, negligent or grossly negligent conduct (collectively, "Claims"), that are based upon, result from, and/or relate in any way to Participant's participation in any of the Activities, including without limitation with respect to transportation to and from any such Activity. Additionally, and without limiting the foregoing, Participant and/or Guardian, as applicable, for themselves and for all of the other Releasing Parties, waive any Claims, whether individually or collectively, may now or in the future have against New Haven or any of the other Released Parties with respect to the matters released hereunder, and agree not to initiate or prosecute or continue any Claim of any kind whatsoever against any of the Released Parties in any court or otherwise with respect to the matters released hereunder, including but not limited to any Claim under any common law, whether in law or equity, or federal, state or local statute, ordinance or rule of law.

NEW HAVEN
ART WORK AND PICTURE, LIKENESS AND IMAGE, AND CONFIDENTIALITY RELEASE

While at New Haven, your daughter will have the opportunity to participate in many experiential activities. To help remember these activities, New Haven would like permission to take pictures of your daughter. And for your daughters to take pictures of the other students during these activities as well. New Haven will use these pictures to hang in the houses, create slideshows for parent weekends, to give to you, your daughter, and other students. New Haven will not use these photos for marketing purposes without contacting you for additional, specific permission.

I give permission to the New Haven employees to post my daughter’s picture on a password-protected website to be viewed only by current New Haven and alumni families and New Haven employees, and I release New Haven from any claims or liabilities that may arise from such use.

I, _____, grant to New Haven Residential Treatment Center, (“New Haven”) and its parent, subsidiaries, and other affiliate companies (collectively, the “New Haven Companies”) the following rights with regard to my daughter _____:

I give permission for my daughter’s art work to be photographed and/or displayed at New Haven and to be used for conference presentations, in print and online marketing materials and in connection with any other publications of the New Haven Companies, and I release the New Haven Companies from any claims or liabilities that may arise from such use.

By signing this waiver and release, I grant permission and a worldwide, irrevocable, perpetual, royalty-free license to the New Haven Companies, and to their employees and agents, to use my daughter’s artwork for advertising and marketing in various media, including but not limited to television, internet, video and print media, for use in conference presentations, and in connection with any other publications, at the discretion of the New Haven Companies. I grant this permission and license with the understanding that the New Haven Companies will not materially alter the original artwork or images.

I give permission to New Haven to give my name to Alumni families to provide support to our family during my daughter’s stay at New Haven.

Signed and agreed to this _____ day of _____, 20_____.

 Sponsor Signature (Father/Guardian)

 Sponsor Signature (Mother/Guardian)

 Student Signature (if over 18)

 Signature of Authorized New Haven Rep.

**NEW HAVEN
STUDENT CONTACT INFORMATION**

Name	Address	Phone Number	Please check any that are approved.			
Relationship to Student		E-Mail Address	Visit	Phone	E-Mail	Mail
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive
						<input type="checkbox"/> Send
						<input type="checkbox"/> Receive

All visits must be pre-approved by Parent(s) / Guardian(s), Treatment Team and / or Therapist

Calling privileges are permitted according to Levels Program

E-Mail may be received but not sent by Student

**NEW HAVEN
POST-DISCHARGE SERVICES AGREEMENT**

The Student's transition into a new environment immediately following discharge can often be a very difficult time for both the Student and the Sponsor. To improve the chances of a successful transition, New Haven highly recommends electing one or more of the post-discharge service packages listed below to benefit both the Student and Sponsor (collectively, the "Services"):

- **HomeWorks © Standard Package** (\$6,500 for the following services)
 - One 2-Day Home Visit (may occur during the program or after the Student's discharge)
 - The following services are available prior to discharge and for twelve months post-discharge:
 - Monthly Parent Transition Support Group
 - Monthly Student Transition Support Group

In addition, the following services are available for three months immediately following discharge:

- 24/7 Support Line (6 hours per month)
- 15 hours of coaching calls

- **HomeWorks Support Only Package** (\$4,500 for the following services)
 - One 2-Day Home Visit (may occur during the program or after the Student's discharge)

The following services are available prior to discharge and for twelve months post-discharge:

- Monthly Parent Transition Support Group
- Monthly Student Transition Support Group

In addition, the following services are available for three months immediately following discharge:

- 24/7 Support Line (6 hours per month)

- **HomeWorks Coaching Only Package** (\$2,500)
 - 15 hours of coaching calls to be used during the first 3 months post-discharge
- **HomeWorks Education Only Package**
 - Class information and pricing available upon request

New Haven agrees to provide the Services to the Sponsor and the Student according to the terms of this Agreement.

1. **Services Fee.** The Sponsor is personally responsible to pay New Haven all fees for the Services in the applicable amount as outlined above ("Services Fee"). Please be advised that prices may vary for in-home visits outside of the 48 contiguous United States. The Services Fee will be paid first from any excess funds deposited with New Haven that have not been drawn against to cover the Student's program fees and other expenses incurred during her enrollment in the program. Any remaining

portion of the Services Fee must be paid upon signing this agreement.

2. Cancellation. The Services may be cancelled at any time effective upon New Haven’s receipt of written notice of cancellation from the Sponsor. At such time, all Services shall be terminated and the Services Fee will be refunded to the Sponsor to the extent not already earned by New Haven. If New Haven has performed any Post-Discharges Services under this Agreement prior to cancellation, New Haven’s costs for such services will be deducted from the Services Fee, and the remaining portion of the Services Fee will be refunded to the Sponsor.

3. New Haven Enrollment Agreement. The terms of the New Haven Enrollment Agreement, as applicable, shall apply to the Services provided by New Haven and are incorporated herein by this reference. Any capitalized terms not defined in this Agreement shall have the meaning given to them in the New Haven Enrollment Agreement.

By signing below, I agree to remit the Services Fee to New Haven for the Services indicated below under the terms of this Agreement.

I desire to purchase the following Services Packages:

- HomeWorks Standard Package – \$6,500**
- HomeWorks Support Only Package – \$4,500**
- HomeWorks Coaching Only Package – \$2,500**
- HomeWorks Education Package** – Extended School option for those students who would like continued course work and earn credit through New Haven School after completing the Therapeutic program. The following prices will apply:
 - **One course** – \$480
 - **Two courses** – \$880
 - **Three courses** – \$1,200
 - **Four courses** – \$1,600

For further information about this option, please contact the education department.

Signed and agreed to this _____ day of _____, 20_____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Printed Sponsor Name (Father/Guardian)

Printed Sponsor Name (Mother/Guardian)

Student: _____
Printed Student Name

Signature of Authorized New Haven Representative

New Haven Residential Treatment Center

2172 East 7200 South
Spanish Fork, UT 84660

Dear Parent,

Welcome to New Haven! The following is a consent form for an important research project we are conducting that evaluates the outcome of the treatment we provide to you and your daughter. Outcome evaluation is a critical part of our program because it helps us to monitor and improve the quality of the services we provide. As the Executive Director of New Haven, I pay close attention to the information we receive from students and parents throughout their stay (and afterward). I use it frequently to make important decisions about how to refine and improve our program.

In addition, we are collaborating with the National Association of Therapeutic Schools and Programs, contributing our data to a larger database containing information from many residential programs across the country.

Please review the consent form and complete its last page. That page gives you the opportunity to consent to or decline participation in this project. Your participation (and that of your daughter) is completely voluntary, and you will receive the exact same care regardless of whether or not you choose to participate. If you do consent to your daughter's participation, we will give her an Assent form (which is similar to this consent form) on which she can choose whether or not to participate.

Please be assured that all personal information of your family or your daughter related to the research will be held in strict confidence.

If you have any questions or comments about the consent form or this research project, please contact either one of us using the contact information below.

Sincerely,

John Stewart, LCSW
Executive Director
801-380-4368
johns@newhavenrtc.com

Rick Biesinger, Psy.D.
Research and Assessment Manager
801-794-1218 ext. 5302
rick@innerchange.com

**NEW HAVEN
RESEARCH STUDY CONSENT FORM**

You and your daughter are hereby invited to participate in a research study at New Haven Residential Treatment Center. We are interested in evaluating our treatment program and tracking your child's progress at New Haven, as well as how she is doing after graduation. You and she will be asked questions about her behavioral and emotional problems and her/your relationships with family members and therapists.

In addition, the data we collect will be shared with the National Association of Therapeutic Schools and Programs (NATSAP, www.natsap.org). This will allow us to compare our data with other therapeutic boarding schools, and assess treatment outcomes of students in therapeutic boarding schools all over the country.

What is the purpose of this study?

This study is designed to measure how your daughter is helped by the program. The study should help the program to improve its services.

What does your participation in this study involve?

- As part of New Haven's normal procedures during your daughter's treatment, we ask you and her to complete different questionnaires. These are done (a) to assist in treatment planning and (b) to evaluate how she and your family are progressing during treatment. We are asking you for permission to use the data from those forms already completed by you and your daughter for research purposes (including sending that data to NATSAP's research coordinator).
- After your daughter is discharged from New Haven, you and your daughter will be asked to fill out 2-3 questionnaires (each) about your perception of her behavior, her over-all mental health, and your family functioning every 4 months (for the first year) and every 6 months (for the second year). Filling out these questionnaires will take you and your daughter about 15-20 minutes each. For your participation, each of you and your daughter will receive \$10 each time you complete the forms after discharge. You may either receive the money yourself or at your request we will send it to a charity organization. The forms can be completed online via a website that has been set up for the study, and/or forms can be mailed to you to complete. You will get e-mail reminders or letters with instructions that will help you timely complete the forms.

What are the possible risks of participating in this study?

There are no physical risks. You may feel some discomfort or embarrassment when you share personal information about your daughter or family. You should feel free to talk about any discomfort you feel with staff at New Haven. You may withdraw from the study at any time.

What are the possible benefits of participating in this study?

The greatest benefit of the study is to improve the program to provide better help to adolescents who enroll at New Haven. Incidentally, you will also receive a ten dollar (\$10.00) incentive to complete each series of questionnaires we ask you to complete after your daughter's discharge from New Haven.

If you choose to participate in this study, will it cost you anything?

There is no cost to participate in the study.

What other options are available if you do not want to participate?

Consent to participate in this research is entirely voluntary. Refusal to participate will involve no prejudice, penalty or loss of benefits to which you/your daughter would otherwise be entitled.

Can you withdraw from the study?

If you consent/agree to participate in this study, you are free to stop you/your daughter's participation in the study at any time without loss of benefits to which you would otherwise be entitled.

How will the confidentiality of your records be handled?

New Haven Residential Treatment Center and The University of New Hampshire seek to maintain the confidentiality of all data and records associated with your participation in this research. You should understand, however, there are rare instances when the researcher is required to share personally-identifiable information (e.g., according to policy, contract, regulation). For example, in response to a complaint about the research, officials at the University of New Hampshire, designees of the sponsor(s), and/or regulatory and oversight government agencies may access research data.

You also should understand that the researcher is required by law to report certain information to government and/or law enforcement officials (e.g., child abuse, threatened violence against self or others, communicable diseases).

All the completed forms and collected data will be stored securely and accessed only by approved New Haven program staff and the University of New Hampshire research coordinators through password access only. When the information is made available to other researchers, it will be stripped of any personally identifiable information.

If paper forms are used in research data collection, they will be locked securely after the data has been entered into the computer-based system described above.

Whom to contact if you have questions about the study:

If you have any questions pertaining to the research, please contact Rick Biesinger at New Haven (rick@innerchange.com, (801) 794-1218 or a UNH research coordinator at mgass@unh.edu, (603) 862-2007. You can also contact John Stewart, New Haven's Executive Director at johns@newhavenrtc.com or (801) 794-1218.

If you have questions about your rights as a research subject you can contact Julie Simpson in the UNH Office of Sponsored Research, (603) 862-2003 or Julie.simpson@unh.edu.

[Signature Page and Consent Form to Follow on Next Page]

By signing below I am (a) indicating that I have read the Research Study Consent Form and understand the risks associated with participation in the research study, and (b) consenting to participate in the research study as indicated by the checked box below:

- I decline to participate in the research study and **do not** consent to my daughter's participation.
- I agree and consent to my and my daughter's participation in this research study.
- I decline to participate in the research study, but agree and consent to my daughter's participation if she chooses to participate and consent.
- I **do not** consent to my daughter's participation in this research study, but I agree and consent to participate.

Daughter Name:

Print Daughter Name

If the Student is 18 years of age or older, the Student, in addition to the Guardian, agrees to the terms above by signing below.

Student Signature (if over 18)

Parent/Guardian #1:

Guardian Signature Father Mother Guardian

Print Guardian Name

Parent/Guardian #2:

Guardian Signature Father Mother Guardian

Print Guardian Name

Please fax, mail or scan-and-email the completed consent form to:

Rick Biesinger, Psy.D.
2172 East 7200 South
Spanish Fork, Utah 84660
Fax: (801) 794-9558
Email: rick@innerchange.com