

Our Rehab Contract

By completing and signing this contract, we promise to keep the following agreements:

1. (Name of loved one) _____ agrees:

- a) To complete the program or stay for _____ days.
- b) To let my family know _____ time[s] a week by phone how they are doing.
- c) That if I leave the program early or return to using, I will not be receiving money for _____ or _____.

2. (Family member name[s]) _____ agrees to:

- a) Pay for _____.
- b) Arrange for housing or _____.
- c) Let family know once a week by phone how they are doing.
- d) If _____ (Name of loved one) leaves the program early or returns to using that they will not be receiving money for _____ or _____.

3. Your own contract item:

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4. Your own contract item:

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5. Your own contract item:

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If you do not understand any item, make sure to discuss it until everyone is clear before signing.

Today's Date

Print Name

Signature

Print Name

Signature

Print Name

Signature