

**MONTHLY FEE SCHEDULE**

**PAYMENT FOR FIRST MONTH IS DUE AT ADMISSION AND IS NON-REFUNDABLE PLEASE MAKE CHECK/MONEY ORDER OUT TO OUR HOUSE OF HOPE.**

**FEES ARE SUBJECT TO CHANGE BUT NOT WITHOUT WRITTEN NOTIFICATION TO RESPONSIBLE PAYING PARTY.**

Trust Account: A designated fund IF NEEDED to cover co-pays and special purchases authorized by financial agent.

Allowance: If desired, a designated sum is provided directly to the resident to cover their incidental expenses or for personal use that are not covered in agency fees. This allowance will be divided to be given weekly. Allowance can range from $1 to a max of $75 a week.

Due at time of admission:

First Month fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Fund $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allowance $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Due at Admission $ \_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Agency Representative Signature of Paying Party

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Date Date