

**Little Hill Foundation, Inc.**  
**Operating**  
**Haley House, Box W, Blirstown, NJ 07825**

**Guarantor's Commitment & Agreements**

Haley House, operated by the Little Hill Foundation, Inc., is a nonprofit, transitional living house for chemically addicted women. Over 95% of our funding comes from resident guarantors such as yourself. Our primary consideration is that our residents receive the continuum of care necessary to transition from in-patient treatment into independent sober living in society. Our financial goal is to provide quality treatment services at the most affordable fee possible. It is, however, an economic fact-of-life that we obtain timely payment, in full, of all fees billed to guarantors to maintain the financial health of Haley House.

**Guarantor's Commitment:**

As a guarantor, you are committing to pay the resident daily rate, currently at \$160 per day for the entire length of stay of the resident, no less than 3 months. ***On admission we require a non-refundable deposit equal to 30 days of treatment (\$4,800).*** This deposit will be used to fund the first 30 days in residence. In addition, all costs and expenses for health care (exclusive of services provided by Haley House) will be billed to resident/ guarantor(s) account. The resident is also responsible, on an on going basis, for the cost of services by our contracted Psychiatrist, Eating Disorder Specialist and Psychotherapist if such services are necessary. Residents will be responsible for such items as toiletries, laundry supplies (we have a laundry on property), transportation beyond pre-agreed time, stationary items etc..

Although the length of stay varies with each individual, the average resident's length of stay is approximately four months. Depending on the history and resident's progress, the length of stay could possibly be longer. The commitment for residence at Haley House for a six-month stay exclusive of ancillary charges is \$27,000. In addition to this figure, the cost of incidentals and non-substance abuse medical treatment will be added. You, as guarantor of the resident account, will be billed every 2 weeks for the cost of residence, incidentals and medical expenses. Payment is due within 15 days of receipt of a billing.

**Guarantor's Agreements:**

I(we) acknowledge the treatment service fees and other costs associated at Haley House as described above. I(we) guarantee to pay in full, within 15 days of receipt of each billing, all the resident charges billed. If more than one Guarantor has signed a guarantee for a resident, their obligations hereunder shall be joint and several. This is a continuing guarantee, which shall remain and continue in force until all indebtedness of the resident/guarantor(s) are fully paid. Haley House reserves the right to change its fees upon reasonable advance written notice. This guarantee contains the full and total understanding of the parties. This guarantee cannot be terminated, modified or changed without the written consent of the Executive Director of the Little Hill Foundation, Inc.

All of the above fully understood, agreed to, acknowledged and accepted by the guarantor(s): **If the guarantor is married, both husband and wife must sign the guarantor form.**

Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Social Security: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Guarantor's Birth Date: \_\_\_\_\_

Print Address: \_\_\_\_\_

Guarantor's Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Print Name of Student this Guarantee is for: \_\_\_\_\_

Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Social Security: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Guarantor's Birth Date: \_\_\_\_\_

Print Address: \_\_\_\_\_

Guarantor's Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

**Insurance Considerations:**

As a guarantor you are committing to pay the daily treatment rate and other charges. If you believe you have an insurance benefit that will cover halfway house services, please contact the administrator at (908) 362-5417. Also, please note that all residents must have medical insurance. If the resident does not have medical insurance at the time of admission, the guarantor must sign our Insurance Agreement until medical coverage is obtained.

