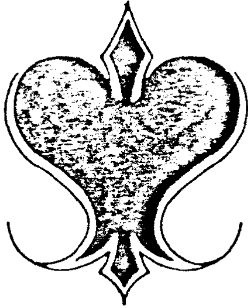

STRAIGHT
A Direction for Youth

GERALD W. RUSHING
Director

YOUR CHILD IS SCHEDULED FOR ENTRANCE INTO THE STRAIGHT PROGRAM AT 2:00 A.M. ON Nov. 20, 1984 ATTACHED IS A CLOTHING LIST. IF YOUR CHILD NEEDS ANYTHING FURTHER HIS/HER HOST FAMILY WILL PROVIDE IT UNTIL YOU CAN BE NOTIFIED.

THE COST OF THE ENTIRE STRAIGHT PROGRAM (REGARDLESS OF LENGTH) IS $3,000. FOR IN-TOWN FAMILIES AND $4,000. FOR OUT-OF-TOWN FAMILIES. IN ADDITION, A ONE-TIME MEDICAL EXAMINATION FEE OF $28.00 IS CHARGED. THERE IS A $50.00 PER MONTH FEE TO COVER THE EVENING MEAL THAT THE CHILD TAKES IN THE BUILDING. WHEN THE CHILD REACHES 4TH AND 5TH PHASE, THIS FEE IS REDUCED TO $35.00 TO REFLECT DAYS OFF. ONE-HALF OF THE TREATMENT FEE IS DUE AT TIME OF ENTRANCE INTO THE PROGRAM. THE BALANCE IS DUE WITHIN 60 DAYS. IF YOU HAVE ANY QUESTIONS REGARDING PAYMENT OF FEES, INSURANCE, ETC. PLEASE CONTACT JAN STOOTHOFF, FINANCE, AT STRAIGHT CINCINNATI DURING NORMAL BUSINESS HOURS.

BRING WITH YOU:

- MARKED CLOTHING
- ADOPTION PAPERS OR BIRTH CERTIFICATE IF CHILD IS ADOPTED
- CUSTODY PAPERS AND NON-INTERFERENCE FORM SIGNED BY THE ABSENT PARENT IF DIVORCED
- THREE CHECKS MADE OUT TO "STRAIGHT INC."
  - 1/2 FEE ($1,500. IN-TOWN) ($2,000. OUT-OF-TOWN)
  - $28.00 MEDICAL FEE
  - $50.00 FIRST MONTH'S FOOD

3/84

Straight, Inc. — P.O. Box 9 — Milford, Ohio 45150 — 513-575-2673
A non-profit family oriented drug-free rehabilitation program for the youthful drug abuser

survivingstraightinc.com

The policy of Straight, Inc. regarding a family's financial commitment to us is as follows: We ask that half of the program fee be paid at intake and the remainder paid in two payments within 60 days of intake.

If the client is terminated from the program or leaves the program voluntarily there will be no refunds of the treatment fee regardless of the number of days the client has been in the program. Should the program dismiss the client within two weeks of the client's entrance date, up to one-half of the initial required payment will be refunded.

Parents/Guardians are responsible for payment of any medical expenses incurred while the client is in the program. These may include prescriptions, doctors' office visits, emergency room treatment or hospitalization.

Insurance forms will be completed, as a courtesy, upon final payment of the treatment fee.

Your signature below indicates that you understand and agree to the above.

10-20-84 — X Richard [redacted]

Date — Signature: Father/Step-father/Guardian (circle)

Will call Jan. mon. to find out what they need to pay

Joan [redacted]

Signature: Mother/Step-mother/Guardian (circle)

In consideration of mutual promises, I/We promise the sum of $3,000.00 (On need of full program) to STRAIGHT, INC. for the use in funding their family oriented program for the treatment and rehabilitation of youthful drug users.

Today I/We will pay the above total, or as an agreed upon alternative: (3 weeks)

I/We will pay ~~one half (1/2) today~~.................$500.00 For Evaluation Period

I/We will pay ~~one-fourth (1/4) within 30 days~~......$1000.00 If full program necessary

I/We will pay ~~one-fourth (1/4) within 30 days~~......$1,500.00 within 60 days after 3 wks

10/20/84 — X Richard [redacted]

Date — Signature: Father/Step-father/Guardian (circle)

Joan [redacted]

Signature: Mother/Step-mother/Guardian (circle)

(Staff use only - please type or print)

Client's Name Christine — Intake Date 10-20-84

[redacted] — Richard — Joan

Last Name of Parent/Guardian — Name/Husband — Name/Wife

[redacted] — [redacted] — Ohio — 45150

Street Address — City — State — Zip Code

CLIENT FILE # 490 — Phone: Home [redacted] — Office [redacted]

Signature of Interviewer Jan S[redacted] — Date 10-22-84

survivingstraightinc.com