

Discharge Policy

4/20/23

As a member at Level Up Recovery I understand I am a guest and fees are paid on a daily / weekly basis. I acknowledge I am a guest in a program and have willingly agreed to abide by all rules and policies in order to be admitted and maintain my stay. I understand this is for the safety of my peers. I understand that upon admission I am not a tenant, have no tenant rights and that as a recovery residence Level Up maintains the right to discharge at any time to maintain the safety, integrity and structure of the house.

I acknowledge that, upon admission, I agreed to make the payment of \$175 weekly, with or without funding. In addition, I agree to contact the director as soon as possible regarding an inability to pay. In addition, I agree to contact the director as soon as possible regarding an inability to pay. Individuals that fail to communicate potential hardships will be discharged.

Print name _____ Date _____ -

Signature _____

LEVEL UP

RECOVERY

Clean & Sober living
house
Cambridge, MD

Emergency

Contact _____ Relation _____

- Upon intake, individuals must provide a clean urinalysis



Clean & Sober living
house
Cambridge, MD

Initial Screening

Date _____

Patient Name:

Referred by: _____

DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Other phone: _____

Substance use (How much/How often, date of last use) _____

Pending
Charges _____

Mental Health
Diagnosis _____

Current Health Conditions/Medications

Date for Admission _____