



WE ARE EXPERTS IN REHABILITATION.



WALKING WITH WINNERS RECOVERY CENTERS
INTAKE CHECK LIST FOR RESIDENTS AND SPONSORS
THIS DOCUMENT IS LEGAL AND BINDING

I /wethe sponsor and the resident acknowledge that Walking With Winners will not be held responsible to sort out any and all personal matters, this can be done on your weekend out or when I have completed my program.

I /We have completed all the intake forms, house rules and acknowledgement of debt and understand them, and all information supplied is correct and I have not excluded any medical or other information that could hinder the person's recovery.

I/We agree that if we are on grace and do not finish the program my sponsor will be held responsible for the full 6 monthly fee, and any tuckshop or Cross café money will be allocated towards my Program fees.

I/We understand that weekend out is based on Merit. The sponsor who fetches the resident, will be held responsible for the resident, for the duration of the weekend. Weekend out starts on the Friday morning at 10am and you have to return by Sunday latest 18h00 hours. A drug test must be paid before departure on Friday

I/We have received a parent sponsor information list

I/We agree any outstanding medical fees will be deducted from tuck shop account if not paid in full by the sponsor.

I/We understand that Walking With Winners is not a medical facility.

Walking With Winners will not be held responsible for any items left behind by a resident if he leaves the program early, absconds or gets expelled.

I/We understand how the visits on weekend work: No cell phones allowed, no communication with other families, no-one allowed to give any staff members food/gifts, and agree that all matters will only be discussed with Isobel or Gary Mortimer.

Ex-residents must bring R120-00 for a drug test if they come to church or visit.

I/WE UNDERSTAND THAT IF I AM EXPELLED, ABSCOND OR LEAVE THE PROGRAM EARLY, NO FEES, PROGRAM OR MEDICAL ARE REFUNDABLE AND ANY BELONGINGS LEFT BEHIND MUST BE COLLECTED WITHIN 2 WEEKS.

Please note that this document has been e-mailed to you.

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DATE RESIDENTS NAME AND ID

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DATE SPONSORS NAME AND ID