

PHOENIX RESCUE MISSION

Solutions Program Commitment

Client Name: _____ **Admission Date:** _____ **Record #:** _____

I willfully choose to actively participate and complete all aspects of this Christ-centered, Bible-based program, and refrain from any activity staff deems contrary to recovery or Christian growth. I understand that the program requires change and may be spiritually, mentally, emotionally, and physically challenging at times. I understand that my recovery is my responsibility and that no assurances have been made as to the results that may be obtained. I understand and agree that it is a privilege and not a right to be in a PRM.

I have read or listened to a copy of the Solutions Handbook. I understand its contents and I agree to follow the guidelines that it contains. I authorize the staff to administer program services to me and I choose to remain accountable to staff at all times.

I understand that Phoenix Rescue Mission provides no health care services. I understand that I am fully responsible for my health care and for any accidents or injuries that occur while in residence. I assume full responsibility for exercising proper personal hygiene, obtaining qualified care if needed, following prescribed treatment guidelines, obtaining prescribed medications, and payment for services received.

I will be responsible to promptly pay all program fees assessed to me. I authorize PRM and associated parties to contact my employers and any additional references.

I certify that I have provided complete and accurate information about my past and current legal, medical, mental, and emotional status. I will make staff immediately aware of any significant changes in my health or legal status.

I agree to random and periodic drug screens and understand that refusal to provide a test sample will be considered a positive screen.

I assume all responsibility and risk that may be involved in my stay at PRM's ministry centers. I do release and relinquish forever all claims whatsoever that may arise out of and/or in connection with my stay at PRM for me, my heirs, executors, administrators, or any other personal representative.

I agree that I am financially responsible for any and all damages I do to the facility, furnishings, property and appurtenances except for normal reasonable wear.

In the event that I become physically or mentally unable, I authorize PRM staff to release any medical information on my behalf to any physician, hospital or health provider to do what is necessary for my treatment.

I certify that I have read and fully understand the above statements. I also certify that all information provided by me in the Intake process is correct to the best of my knowledge.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____