

### **Duration of the Sober Living Program:**

This is a full-board Sober Living program of 3 to 6 months. Best results are achieved during a long-term program of 9 months.

### **Healing Choices program:**

- 12 Step coaching
- Interactive therapy sessions (life skills)
- Recovery coaching toward a better future
- Relapse prevention strategies
- Biblical studies
- Freedom from addictive roots

### Note "DETOX":

Should you need to be detoxed, we will assist in your detox requirements. Extra medical costs when applicable will be discussed during assessment.

### What to bring:

- 1. Clothing
- 2. Bible
- 3. Notebooks (x3) and Stationary (pens, pencils, sharpener, eraser, ruler and scissor)
- 4. Toiletries
- 5. Your prescribed medication
- 6. Washing powder.

Residential in-patient Fees	Total
Deposit and registration (once off fee)	R2 500
Cost per month	R7 500
First month Total	R10 000

NOTE: If you request to stay for one month only and end up doing so, the amount you will need to pay will be R11 400, non-refundable.

# Take advantage of discounted packages:

Pay in advance for three months	R21 375
Add deposit	R2 500



### Additional costs not reflected in programme fees:

- Extra drug testing.
- Additional professional therapy, if required, may be negotiated.
- Shuttle services.
- Clinical detox.

### **APPLICATION FORM**

**PERSONAL DETAILS OF APPLICANT** 

Full Names

**ID Number** 

- Please email your application form to peter@healingchoices.co.za

Mobile Number		
E-Mail Address		
Date of admission		
DETAILS OF PERSON RE	SPON	NSIBLE FOR THE ACCOUNT
Full Names		
ID Number		
Physical Address		
Mobile Number		
Home Number		
Work Number		
E-Mail Address		
Relationship?		



<b>ADDICTION HISTO</b>	ORY			
Drug of choice				
When did you start using				
REHABS ATTENDED				
1. Name				
Duration				
2. Name				
Duration				
3. Other				
Medical condition	we need to be aware	of:		
Other important i	nformation you would	like us to be aware of:		
DETAILS OF IMPO	RTANT CONTACT PER	SONS		
Full Names				
Mobile number Email				
Relationship				
Full Names				
Mobile number				
Email				
Relationship				

**BASIC REQUIREMENTS** 



### Medication:

You are required to bring your own chronic medication and medication for common ailments. In the event of someone needing medical attention, a doctor's appointment will be made. Cost of medical services will be for the patient's own account.

Please avoid bringing any medication containing codeine or ephedrine as this will result in a positive drug test. **All medication must be presented on arrival for inspection.** 

- No drugs, alcohol, violence or verbal abuse.
- Active participation in the Healing Choices program and activities.
- Participation in Sunday Church meetings.
- Mandatory random drug testing. (refusal constitutes being positive for substance abuse
- At all times, be willing to be accountable to the management team.
- A desire to want to be free from an addictive lifestyle.
- Family or sober friends may visit on weekends based on approval by Healing Choices owner, Peter Kilian or his chosen management team.
- For all residents Payments are to be made one month in advance, before the end of each month. Pro-rata can be considered should you be admitted into the sober living home during the middle of the month.
- On the date of admission, payment for one full month is required plus the deposit.
- Contracts are renewable every three months.
- NOTE: Full calendar month of notice by a sponsor is required should a client decide to terminate their stay otherwise sponsor will be liable for the full calendar month.
- No refunds are available if the resident should be expelled, abscond, and refuse to continue the program or leave for any reason prematurely.

ACCEPTANCE OF THE BASIC REQUIREMENTS BY RESIDENT		
Name		
Start Date		
Please sign		
I agree to and understand the basic requirements as stipulated above.		



ACCEPTANCE OF PAYMENT TERMS AND AGGREEMENT BY SPONSOR:		
Name		
Signature		
Date		

## **Healing Choices Account Details:**

**DRUG FREE S.A.** 

**FNB BRANCH:** 256755

**ACCOUNT NO:** 62695722473