

SCHEDULE OF FEES

(*Part of the Fee Schedule may be waived upon approval of AYM support)

Application Processing Fee	\$ 200.00	Non-refundable
Residential Care Fee*	\$7,800	Paid each 90 day period (\$2,600 per mo.)
Deposit **	500.00	Refundable
Clothing ***	500.00	Non-refundable
Medical / Dental Expense Fund ****	<u>500.00</u>	Maintained each 90 day period
TOTAL DUE UPON ENROLLMENT:	\$9,500	Paid 15 days prior to enrollment

Daily Charge	\$87.00	Pro rated per day for end of stay of each month
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* Residential Fee includes: housing, food, counseling services, extra activities, education costs, travel cost for off-ranch programs, off-ranch activities.

** The Deposit is refunded after the end of the Youth's involvement with AYM/AYR, minus any cost not specified in the above fees.

*** Clothing is purchased by AYM/AYR. No personal clothing or personal items are permitted. Parents/Guardians may be required to pay for lost or damaged clothing or clothing cost over the initial \$500 Clothing Fee.

**** The Medical/Dental Expense Fund is kept at \$500, to be drawn upon as needed during each 90 day period. Parents/Guardians are expected to maintain the Fund at the \$500 total for each 90 day period. The Fund is used for doctor visits that are not covered by insurance; for insurance deductibles; for medications (over-the-counter or prescription), and/or for other costs incurred for medical or dental treatments. Any amount remaining in the Medical / Dental Expense Fund at the end of the Program are refunded. This Fund may be adjusted to a greater amount for each 90 day period if the \$500 is not sufficient for the medical needs of the Residential Teen, or request made to the Parents/Guardians if additional funds are needed during the 90 day period.

Note: Failure to pay any of the listed agreed-upon fees may result in termination of enrollment of The Residential Teen from the AYM/AYR Program.

I, _____ acknowledge that I have read and that I am aware of the
(Print Name of Parent/Guardian)
Above-listed Schedule of Fees and agree to abide by the fee requirements set forth herein.

Parent/Legal Guardian Signature: _____
(your name in the above field is an acknowledgment of the financial responsibility for this child)
(you may print this document out and sign and return it as an alternative form of financial obligation acknowledgement)

Date: _____, 20 ____.