



Referred Services Intake Commitment

Date: _____

Name: _____ DOB: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Referred by: _____

<p>Intake Appointment Date: _____</p> <p>Appointment Time: _____</p> <p>Scheduled to meet with: <u>Michele Rosenau</u></p> <p>Her phone number is: <u>517-795-7677</u></p>
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I, _____ am making a non-refundable payment of \$50.00 to schedule my intake appointment for the court-ordered class I am required to take.

I understand:

- To cancel or reschedule the above appointment, I must call 517-795-7677 and give at least 24-hour notice.
- If I fail to give 24-hour cancellation or reschedule notice for the above scheduled appointment, my \$50.00 scheduling fee will be forfeited.
- To schedule an intake appointment after I have forfeited my original scheduling fee, I will be required to pay \$50.00 non-refundable scheduling fee again.

Signature: _____

Date: _____

Witness: _____

Date: _____