



Operation Extinguish Program

4405 East West Highway • Suite 301 • Bethesda, Maryland 20814 • 301-652-1582 • Fax 301-718-8338

OPERATION EXTINGUISH CONTRACT

On _____ the following individual, _____
 (Date) (Name of Juvenile)
 was referred to the Operation Extinguish program through (check one) _____ MCPD, _____ DJS,
 _____ DFRS, _____ Other, by _____
 (Name and phone number of referring agent – please print)

As guardian of _____, we agree to comply with the following terms of Operation Extinguish.

1. Participate in a 90-minute Family Evaluation. All family members are expected to attend.
2. Participate in 3 fire safety psychoeducational classes. The first and final classes are for both the parents and youth.
3. For those participants referred by the Youth Division, Department of Fire and Rescue Services, or any part of the Juvenile Court System, the juvenile must complete the intake and fire education classes. We will send the referring agent a status report upon completion of the program, which may include recommendations for further services.
4. Pre-pay entire fee for the Operation Extinguish program by credit card or cashier's check prior to services being initiated. Upon receipt of this signed contract and fee payment, the Chrysalis Group will contact you to schedule an appointment. Please check one below:

_____ I agree to pay the full program fee of \$2500 for the family intake interview and classes

_____ I agree to pay the reduced fee of _____ as determined by Chrysalis based on the income level reflected on my most recent tax return

I understand that there will be a charge of \$500 for appointments not cancelled 48 hours in advance.

I hereby agree to comply with the provisions of this contract and give permission for the exchange of information between The Chrysalis Group, Inc. and the referring agency as indicated above.

Youth

Date of Birth

Parent/Guardian

(H) _____ (W) _____
Telephone Telephone

Address

Witness – Referring agent

Jude Setian-Marston, LCSW
Joanne Boyd Irving, Ph.D.
Program Directors

Judy Liss, LCSW
Kim Piasecki, LCPC
Program Clinicians



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OPTIONAL: CREDIT CARD AUTHORIZATION

By signing below, I authorize The Chrysalis Group to charge my credit card for the Operation Extinguish Program. Please check one of the following:

_____ \$2500 full fee

_____ \$_____ reduced fee*

_____ MC

_____ VISA

Card # _____ Exp. date _____

Signature _____

Name (printed): _____

*Be sure to fax us the cover sheet of your income tax return

As per the contract, clients are charged \$500 for appointments not cancelled 48 hours in advance.

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The Chrysalis Group Inc.
www.the-chrysalis-group.com