



**OLA Home for Boys, LLC**  
**ILT Home**  
**Effective July 2021**  
**Service Agreement/Rate Sheet**  
**P.O. Box 2074**  
**Mechanicsville, VA 23116**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Financially Responsible: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

ATTN: \_\_\_\_\_ Phone: \_\_\_\_\_

The above named agency authorizes OLA, LLC to provide services to the above named client and is responsible for payment of these services. Payments are due within thirty (30) days of the billing date. We agree to provide services as indicated below. Services are expected to begin \_\_\_\_\_ and end \_\_\_\_\_. OLA agrees to provide a written assessment and service plan, along with reports. In addition, regular contact with the referring agency will be maintained, to provide an update on the client and family progress. Please select the type of service(s) you are requesting. Please note that our residential facilities require a 14-day notification to terminate services.

OLA Residential Care \_\_\_\_\_ days @ \$375.00 per day

- Room, Board @ \$228.78
- Residential Treatment @ \$146.22 (Medicaid billable at \$146.22; balance waived) @ \$375.00 per day

Individual & Group Counseling, Life Skills & Independent Living Skills, Community Recreational Activities, Behavior Modification and Management, Social and Cultural Enrichment, Education Management and Academic Assistance, and Employment Training/Assistance are some of the services provided.

**Additional Services:**

Outpatient Therapy (If not covered by Medicaid)

Individual

\_\_\_\_\_ weekly ( ) 60 min @ \$85.00; ( ) 45 min @ \$70.00

Group

\_\_\_\_\_ weekly @ \$28.00

Family

\_\_\_\_\_ weekly @ \$75.00

Intensive In-Home Services

\_\_\_\_\_ hours per week/month @ \$60.00/hour

Specialized Mentoring Services

\_\_\_\_\_ hours per week/month @ \$35.00/hour

Specialized Academic Tutoring

\_\_\_\_\_ hours per week/month @ \$30.00/hour

One To One

\_\_\_\_\_ hours per week/day @ \$25.61/hour

Signature Referring Worker: \_\_\_\_\_ Date: \_\_\_\_\_

OLA Staff \_\_\_\_\_ Date: \_\_\_\_\_



**OLA Home for Boys, LLC**  
**Amber House**  
**Effective July 2021**  
**Service Agreement/Rate Sheet**  
**P.O. Box 2074**  
**Mechanicsville, VA 23116**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Financially Responsible: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

ATTN: \_\_\_\_\_ Phone: \_\_\_\_\_

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- Room, Board @ \$228.78
- Residential Treatment @ \$146.22 (Medicaid billable at \$146.22; balance waived) @ \$375.00 per Day

Individual & Group Counseling, Life Skills & Independent Living Skills, Community Recreational Activities, Behavior Modification and Management, Social and Cultural Enrichment, Education Management and Academic Assistance, and Employment Training/Assistance are some of the services provided.

**Additional Services:**

Outpatient Therapy (If not covered by Medicaid)

|                                |   |
|--------------------------------|---|
| Individual                     | _____ weekly ( ) 60 min @ \$85.00; ( ) 45 min @ \$70.00 |
| Group                          | _____ weekly @ \$28.00                                  |
| Family                         | _____ weekly @ \$75.00                                  |
| Intensive In-Home Services     | _____ hours per week/month @ \$60.00/hour               |
| Specialized Mentoring Services | _____ hours per week/month @ \$35.00/hour               |
| Specialized Academic Tutoring  | _____ hours per week/month @ \$30.00/hour               |
| One To One                     | _____ hours per week/day @ \$25.61/hour                 |

Signature Referring Worker: \_\_\_\_\_ Date: \_\_\_\_\_

OLA Staff \_\_\_\_\_ Date: \_\_\_\_\_



**OLA Home for Boys, LLC**  
**Alpha House**  
**Effective July 2021**  
**Service Agreement/Rate Sheet**  
**P.O. Box 2074**  
**Mechanicsville, VA 23116**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Financially Responsible: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

ATTN: \_\_\_\_\_ Phone: \_\_\_\_\_

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OLA Residential Care \_\_\_\_\_ days @ \$375.50 per day

- Room, Board @ \$228.78
- Residential Treatment @ \$146.22 (Medicaid billable at \$146.22; balance waived) @ \$375.00 per day

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| Group                          | _____ weekly @ \$28.00                                  |
| Family                         | _____ weekly @ \$75.00                                  |
| Intensive In-Home Services     | _____ hours per week/month @ \$60.00/hour               |
| Specialized Mentoring Services | _____ hours per week/month @ \$35.00/hour               |
| Specialized Academic Tutoring  | _____ hours per week/month @ \$30.00/hour               |
| One To One                     | _____ hours per week/day @ \$25.61/hour                 |

Signature Referring Worker: \_\_\_\_\_ Date: \_\_\_\_\_

OLA Staff \_\_\_\_\_ Date: \_\_\_\_\_