SIGNATURE PAGE

CC-13-2027

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS.

Company Name: New Hope Integrated Behavioral Health Care
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC
(PRINT)

Signature: David Roden
(DATE)

Address: 80 Conover Road
Marlboro, NJ 07746

Telephone No.: 732-946-3030

Fax No.: 732-946-4891

E-Mail Address: droden@newhopeibhc.org
(This should be the email where Contracts would be sent)

Contact Person: David Roden, LCSW, LCADC, President & COO

FEIN: [redacted]
(Federal Employee ID)

BRC: [redacted]
(Business Registration Certificate)

(Revised 2/2017)

ORIGINAL

COUNTY OF MONMOUTH
DIVISION OF CHILD AND YOUTH SERVICES
YOUTH SERVICES COMMISSION

2027 Funding Request Application
CC-13-2027

Program Area Applying For:	Disposition - Adolescent Substance Abuse Treatment Services		
Incorporate Name of Contractor	New Hope Integrated Behavioral Health Care		
Type:	( ) Public	( ) Profit	(x) Non-Profit
Federal I.D. Number:	2[redacted]		
Address of Contractor:	80 Conover Road		
	Marlboro, NJ 07746		
Address of Service(s):	80 Conover Road		
	Marlboro, NJ 07746		
Contact Person, Phone # / e-mail address	David Roden, LCSW, LCADC 732-946-3030 x2251 - droden@newhopeibhc.org		
Total Dollar Amount Requested:	$76,754		
Total Number of Youth / Families to be Served	3 youth		

Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost:

New Hope IBHC proposes to provide the Court with dispositional options by providing Adolescent Intensive Inpatient Substance Abuse Treatment (American Society of Addiction Medicine [ASAM] Level 3.7). Specifically the funds ($76,754) provides 213 bed days at $360/day for approimately 3 court-referred youths using a 71-day average length of stay for computation. Our program is licensed by the State of New Jersey, Department of Children and Families, Office of Licensing.

Authorized Voucher Signature: Name/Title	David Roden, LCSW, LCADC, President & COO
Signature:	David Roden