

**ASSOCIATE MEMBER AGREEMENT**  
**Woodland Enhanced Health Services Commission**

This Agreement is entered into by and between the Woodland Enhanced Health Services Commission (“WEHS”), a commission formed under an intergovernmental agreement (“IGA”) by the counties identified as Members of WEHS, as that term is utilized in the IGA, each a duly organized and existing county of the State of Wisconsin, and the Wisconsin county identified below, a duly organized and existing county of the State of Wisconsin (“Associate Member”).

In consideration of the mutual covenants described herein, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Associate Member desires to become affiliated with WEHS and place an individual(s) in the CCHCC facility that operates under a license held by WEHS.

2. Upon execution of this Agreement, WEHS accepts Associate Member as an Associate Member of WEHS and shall accept an individual(s) into the CCHCC facility subject to CCHCC’s normal and customary admission processes.

3. Upon placement of an individual(s) into CCHCC, Associate Member agrees to pay an assessment associated with the placement at a rate of two (2) times the assessment rate paid by a Member of WEHS for placements (“Associate Member Assessment.”) The Associate Member Assessment rate shall be based upon the WEHS assessment rate, as defined in the WEHS IGA, in effect at the time of admission and shall change whenever the WEHS assessment rate for a Member of WEHS changes. The Associate Member Assessment for 2017 is \$70/day. If Associate Member becomes a Member of WEHS within 90 days of the date that Associate Member places an individual in CCHCC, WEHS shall refund Associate Member a sum equal to the difference between the Associate Member Assessment and the assessment rate for a Member of WEHS during the relevant time period.

4. Associate Member shall abide by all WEHS policies, CCHCC policies and, as applicable, the Intergovernmental Agreement establishing WEHS.

5. This Agreement shall be effective as of the date indicated below and shall continue until such time as either party delivers written notice of termination. In the event of termination, Associate Member understands and agrees that it shall be responsible for the Associate Member Assessment for all days associated that an individual placed in CCHCC by Associate Member remains in CCHCC. WEHS and Associate Member shall coordinate with one another on matters concerning discharge of an individual placed in CCHCC by Associate Member. Termination of this Agreement shall not affect either party’s requirement to comply with state or federal law relating to discharge of an individual from CCHCC.

**On behalf of WEHS:**

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**On behalf of Associate Member:**

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_