

OKDHS/OJA Contract for Treatment

I understand that the admission of this child is for behavioral health treatment and requires active participation on my part for this child to successfully complete treatment and reintegrate into the community.

Active participation includes:

1. Your involvement in family therapy weekly.
2. Keeping regular contact with the child through telephone calls and visits.
3. Notifying the hospital/provider if unable to keep scheduled appointment.
4. Keeping the hospital informed of any changes in address, telephone numbers or living situations of the child's family.
5. Contacting _____ at _____ when I have questions regarding the child's treatment.
6. Notifying the hospital of any changes in custody status, placement plans or potential interferences that may impact the child's current treatment.
7. Responding to requests for necessary signatures, medication consents and other needs the child may have.
8. Timely notification of court dates & court report requirements.
9. Arranging transportation of the child to and from court hearings.
10. Providing written outcome of court hearings & decisions.
11. Working with treatment team to plan and facilitate a realistic discharge plan soon after admission.
12. Providing clothing or clothing vouchers as needed.
13. Collaborating with the treatment team in the development of a safety plan for when the child is discharged to the community.
14. Being involved in planning the child's follow up care.
15. Making placement referrals as soon as the treatment team has notified me of the expected date of discharge.
16. Taking responsibility for keeping the scheduled outpatient appointments upon discharge.

DHS/OJA Worker Signature

Date

Witness

Date

Patient Name _____