

Client Name \_\_\_\_\_

Chart # \_\_\_\_\_

## **Canadian County Caring for Kids AGREEMENT OF PARTICIPATION**

I, \_\_\_\_\_ as a supportive individual of \_\_\_\_\_,

Do agree to the following:

1. A **\*FAMILY TEAM** will be developed within one month based on the family's strength assessment.
2. As a **FAMILY TEAM** member, I will attend all scheduled family team meetings unless prior arrangements have been made.
3. It is highly recommended that one **FAMILY TEAM** member be from the school and or the referring source.
4. I will assist the entire family in using the Crisis Plan set forth in the **FAMILY TEAM** meeting.
5. Confidentiality agreement can be broken in the instances of threats of harm to self or others, child abuse or by a court order.
6. If the custody of client is anyone but parent or state agency, that party must have representation on the client's **FAMILY TEAM**.
7. All communication must be open and honest.

By signing this agreement, I agree to participate in **FAMILY TEAM** meetings and to positively influence the goals set forth by the **FAMILY TEAM**.

\_\_\_\_\_  
Team Member

\*A family team is people you choose who are supportive of you. There should be more family and friends than professionals on the team.