



Treatment Contract

Reviewed and Revised: February 15, 2020

As a participant in programming supervised by the Cass/Pulaski Community Corrections Department I have chosen to complete their treatment program. To assure my full participation I agree to the following regulations:

1. I understand that upon admittance into programming by the Cass/Pulaski Community Corrections Department I will participate in a risk/needs assessment. Based upon this assessment a treatment plan will be developed that will address my specific needs. I understand that I am to cooperate with treatment staff in the formulation and follow-through of my treatment plan. I agree to sign consent forms so that information of my treatment process may be released to all parties involved in my education, treatment and recovery. I understand that in order to successfully complete the program I will fully comply with all aspects of my treatment plan.
2. I agree I must attend all scheduled treatment sessions and appointments made by staff. I will not fail to attend sessions because of my own incompetence i.e. oversleeping or forgetfulness. If it is necessary to miss any scheduled sessions, I will notify my counselor twenty-four (24) hours prior to start of the session. I will ask permission to miss the session. If approved, I will bring documentation proving my excused absence. I understand that the counselor may refuse my request. If said request is not approved I will attend the session. If I fail to attend, call and bring the aforementioned verification by my next scheduled session, I understand that said action will be considered an unexcused absence. I further understand that acquiring two (2) or more unexcused absence will be cause for my termination of the program.
3. I understand that I am required to actively participate in all scheduled sessions. Failure to actively participate will be noted by my counselor and will be presented via status report to my treatment team. Multiple occurrences of me not actively participating in programming will be cause for my termination from the program.
4. I understand that part of my treatment program includes attendance of outside programming i.e. Four County Counseling Center and AA/NA meetings. I agree to bring verification of attendance of all outside programming to my counselor as scheduled.
5. I understand that once I submit to a risk/needs assessment my treatment programming will begin. If required classes are not available, or if I'm in between class assignments, or if I completed all class assignments I will maintain treatment activity by completing all task assignments by my counselor. Tasks may include attending process groups, attending community self-help groups, completing "Thinking Reports" and completing book reports.
6. I agree to keep a written log of all of my treatment activities by documenting said actions in the departments "Participation Program Time Sheet". I will complete the document as instructed.

Failure on my part to keep accurate and timely records may result in my removal from the program.

7. If I relapse I will notify the department. I understand that by relapsing I will be in violation of the program and will receive a sanction. Although, I understand that the sanction could result in a short term period of incarceration and/or loss of program privileges I also understand that by presenting this information to the department on my own accord that said sanction will not ultimately result in my complete termination from the program. I further understand that reporting my relapse on my own accord does not mean my reporting upon receiving a request for a urine screen or search of my property. This agreement is only in effect if I volunteer this information on my own accord and without department inquiry, pressures or influences.
8. I understand that if I encounter periods of depression, stress and/or feelings that I may relapse I will complete a "Thinking Report" and present the report to my counselor. I understand that my reporting of this information will be followed by a consultation from a department counselor.
9. I understand that as part of my treatment program I will conduct my activities in a "pro-social" manner. I will encourage fellow residents to live a clean and sober life. I further agree that I will not, nor will I encourage other residents to participate in activities that may be considered violations of department rules.
10. I understand that during my programming I will remain alcohol and/or drug free. I will not consume or use any substance that may cause alteration of my mood or cause me to become intoxicated. Substances prohibited include but not limited to the following: alcohol, cocaine, marijuana, synthetic marijuana, methamphetamine, synthetic methamphetamines, medications not prescribed to me by an approved physician, excessive use of over the counter medication and substances used for huffing i.e. gasoline/paint. If the Department holds cause that I am intoxicated I understand that I will be in violation of program rules and thus may be terminated from the program. I understand that being in violation of my treatment program may be cause for the revocation of my work release, home detention and/or probation sentence.
11. I understand that, absent an emergency situation, if I am in need of medical treatment I will first seek permission from the department. I will report to the department the cause of my ailment and the place I am seeking medical care. I will notify my attending physician/medical personnel that I am in a treatment program and, thus, request that only non-narcotic medication be prescribed to me. I understand that I will do so in writing by having the medical professional sign the acknowledgment form provided by the department. I understand that I will have and consult only one primary physician.

I further understand that if my physician/medical personnel decides to prescribe me narcotic medication I will follow the prescription as directed.

12. I understand I am responsible for informing and providing the department documentation of all the prescription medications I am taking. I understand that I am to follow the prescriptions as prescribed by the physician. I am also responsible for notifying the department if there are any changes to my prescription medication. If I chose to discontinue my medication I will first notify my physician. If upon discontinuing my medication I have excess medication I will properly dispose of the medication and provide proof of such to community corrections.

13. I understand that I am required to inform the department of any over-the-counter medications I may be using and that they are to be non-addictive and do not contain alcohol. I am also responsible for confirming with a pharmacy or medical professional that said medications are non-addictive, do not contain alcohol and that they do not interfere with any prescribed medication I may be taking.
14. I understand that I will be required to submit to random supervised breath and/or urine screens. If I fail to produce a urine specimen or if it is not of sufficient quantity, it will be considered a stall on my part and it will be treated as if it was positive for drugs and/or alcohol. If I am found to be using non approved substances at anytime during my treatment program, I understand that this may be cause for my termination from the program. I understand that being in violation of my treatment program may be cause for the revocation of my work release, home detention and/or probation sentence.
15. I understand that violation of the aforementioned treatment plan will result in sanctioning as guided by department policy. For my failure to comply with my treatment program sanctioning may be imposed by the department or the sentencing court. I further understand that my failure to comply can result in additional conditions and requirements that will be made part of my treatment plan or may result in my termination from the program. I understand that if I am terminated from my treatment program it may be cause for the revocation of my work release, home detention and/or probation sentence and, thus, require me to serve my original term of sentence in the local jail or the Indiana Department of Corrections.

I HAVE READ, UNDERSTAND AND AGREE WITH THE CONTRACT. I AGREE TO FOLLOW THESE REGULATIONS.

Client: _____ Date: _____

Staff: _____ Date: _____