



Treatment Contract

As a participant in programming supervised by the Cass/Pulaski Community Corrections Department, I have chosen to complete their treatment program. To ensure 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 about my treatment process may be released to all parties involved in my education, treatment, and recovery. I understand that to complete the program successfully, I must fully comply with all aspects of my treatment plan.
2. I agree to attend all scheduled treatment sessions and appointments made by the staff. I will not fail to participate in sessions due to my incompetence, such as oversleeping or forgetfulness. If it is necessary to miss any scheduled sessions, I will notify my counselor at least twenty-four (24) hours before the session is expected to start. 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 provide the aforementioned verification by my next scheduled session, I understand that this will be considered an unexcused absence. I further understand that acquiring two (2) or more unexcused absences 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 reported to my treatment team via a status update. Multiple instances of my inactivity in programming will be cause for termination from the program.
4. I understand that part of my treatment program includes attendance in outside programming, i.e., Four County Counseling Center and AA/NA meetings. I agree to attend programs faithfully and without disturbance. I understand that while in the community, I represent Cass/Pulaski Community Corrections and will conduct myself in a positive light. When in treatment and/or AA/NA sessions, I will arrive at the sessions on time and, once in the session, will not leave the session, i.e., to go to the bathroom, without the permission of the counselor or facilitator. I will not side-talk with other participants or cause any disturbances whatsoever. I understand that any reports of me causing a disturbance will be considered a violation of this contract. Furthermore, I will 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 between class assignments, or if I have completed all class assignments, I will maintain treatment activity by completing all task assignments as directed by my counselor. Tasks may include attending process groups, participating in community self-help groups, completing "Thinking Reports," and writing book reports.
6. I agree to maintain a written log of all my treatment activities by documenting these actions in the department's "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 relapsing will put me in violation of the program and result in a sanction. Although I am aware 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 initiative, the 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 voluntarily provide this information without department inquiry, pressure, or influence.
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 a consultation with a department counselor will follow my reporting of this information.
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 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 are 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 medicines, 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 am aware that violating my treatment program may result in the revocation of my work release, home detention, and/or probation sentence.
11. I understand that absent an emergency situation, if I need 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 only one primary physician with whom I can consult.

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

12. I understand that I am responsible for informing the department and providing them with documentation of all 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 choose to discontinue my medication, I will first notify my physician. If, upon discontinuing my medication, I have excess medicines, 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 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 any time during my treatment program, I understand that this may be cause for my termination from the program. I am aware that violating my treatment program may result in the revocation of my work release, home detention, and/or probation sentence.

15. I understand that violating the aforementioned treatment plan will result in sanctions, as outlined in department policy. For my failure to comply with my treatment program, the department may impose sanctioning or the sentencing court. I further understand that my failure to comply may result in additional conditions and requirements being added to my treatment plan or may lead to 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 punishment 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: _____