

STATEMENT OF CUSTODY, APPLICATION FOR SERVICE AND SERVICE AGREEMENT

Agreement to Receive Services*

- **I am the legal guardian of a minor, who is receiving services.** I have the authority to make decisions about treatment.
- **I am under 18 years of age, and I am interested in receiving services.** I hereby agree to engage and participate in treatment.
- **I am receiving services and I am over 18.** I hereby agree to engage and participate in treatment.

Person Receiving Services*

First _____ Last _____

Date of Birth ___/___/___ (MM/DD/YYYY)

Address Line 1*

Address Line 2 (PO Box, Apartment #)

City* _____ State* _____ ZIP Code _____

TERMS OF SERVICE AGREEMENT

I understand that:

1. Services may include individual therapy, family therapy, group therapy, psychiatric evaluation, outpatient medical services, school-based medical services, and/or psychiatric medication management.
2. For behavioral health and psychiatric services, Child and Family Agency of Southeastern CT, Inc. (CFA) does not dispense medication.
3. CFA staff are mandated reporters. In the event of suspicion of abuse or neglect, staff will seek supervisory input and may need to file a report with child protective services or seek emergency response for the safety of my child or others.
4. The Agency's administrative offices are operational Monday through Friday, between the hours of 8:30 am and 4:30 pm. Clinical services hours vary by program as stated on www.childandfamilyagency.org. In case of urgent/emergent concerns after office hours, the agency provides 24/7 on-call support to current clients. The crisis clinician can be reached by calling 860-823-0893. For life-threatening emergencies, families should call 911 immediately.

5. If emergency medical treatment is necessary for any client under the age of 18, Agency staff will seek Parent(s)/Guardian(s) assistance and/or call 911.
6. For individuals under 18, a responsible adult may be required to be available during the duration of the appointment.
7. Parents/Guardians with clients under the age of 12 must be available for the duration of the appointment. It has been explained to me that a person receiving services who is under 18 becomes uncomfortable during a session, they may stop the session at any time and access their parent/guardian. All parents/guardians may be asked to remain a part of session when deemed clinically necessary by the provider.
8. For in-home services, a parent, legal guardian, or a resident over the age of 18 years of age must be present.
9. For the Urgent Crisis Center, a parent or legal guardian must accompany all minors under the age of 18 years of age.

I have reviewed and understand the Terms of the Agreement.

Agency Grievance Procedures*

[Click here to review the Grievance Procedures online.](#)

I acknowledge reading the Agency's Grievance Procedures.

Agency Attendance Policy*

[Click here to review the Agency Attendance Policy.](#)

I reviewed and will comply with the Agency's Attendance Policy.

Person Receiving Services signature*

Signature Date*

_____ (MM/DD/YYYY)

Legal guardian (if needed)

Signature Date

_____ (MM/DD/YYYY)

Legal guardian 2 (if needed)

Signature Date
