

I, _____, Parent/Legal Guardian of _____ agree to :

- Have contact with the child at minimum weekly through phone calls and community visits
- When deemed safe and appropriate by the CFT, have child home for a visit per recommendations of CFT
- Participate in family therapy
- Develop the transition/step-down plan with the CFT
- Participate in implementation of transition/step-down plan

It has been explained to me that the Parent/Legal Guardian are required to pay room & board, if applicable, for child's stay in a residential treatment facility (this does not apply to Wright or Whitaker Schools- since they are state funded and do not charge R&B).

My signature below indicates that I have been given a copy of the Durham Center Out-of-Home policy and the Care Review Levels of Residential Care, had those Levels explained to me and have had the opportunity to have my questions answered.

Parent/Legal Guardian

Date

Community Support Staff

Date

Community Support Supervisor

Date