

____/____/____



By my signature, I, _____, legal guardian of client _____ (Client ID: _____), acknowledge that I have completed an intake assessment with Adult & Child Health, I have actively participated in the development of the treatment plan on this date, and I am agreeing to the treatment that was reviewed with us by the intake clinician. I am aware that the treatment recommendations discussed at my intake assessment are subject to change upon review, and I agree to comply with all expectations of treatment.

(Client Signature)

(Date)

(Parent/Guardian Signature)

(Date)