



Wellness for a lifetimeSM

Phone: 203-575-0466

Home-Based Programs Therapeutic Contract

Child's Name: _____ Date: _____

Wellmore Program- Circle one: IICAPS FFT

Clinician Name: Amanda Ayers Phone #: Cell: (203) 206-3081 Office: (203) 575-0466 x. 1134

MH Counselor Name: N/A Phone #: N/A

I have been informed and agree to the following program guidelines:

1. I (my family) am expected to make an appointment with the therapist (team) 2-3x per week, unless my therapist has suggested otherwise; the times will be arranged to fit my family's schedule and needs. Sessions will be scheduled in advance.
2. It is expected that my family is home at the time of the scheduled home visits. I understand that my child can not meet with the therapist (team member) by him or herself without a parent home.
3. I must contact my therapist (team member) to cancel 12-24 hours before a home visit or scheduled meeting if I am going to miss the scheduled time and have another date available for my family to meet that week. Sessions should only be cancelled or rescheduled due to emergency situations.
4. It is expected that if an emergency comes up that I contact the therapist (team member) on their cell phone to let them know that I have an emergency and will not be available to meet. I will make a commitment to call back as soon as I am available to reschedule that appointment within 24 hours.

Parent/Caregiver's Signature Date

Client's signature, if over the age of 14 Date

Staff Signature(s) Date

Wellmore's Home-Based services are open Monday through Friday from 9:00 AM until 5:00 PM.

Evening hours are available based on the program and treatment schedule.

If you need immediate help after 8 PM, holidays or weekends you may contact:

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Ask for the Wellmore IICAPS or Wellmore FFT On-Call Staff Person