



IPV-FAIR Program Therapeutic Contract

Client's Name: _____ Date: _____
Clinician Name: _____ Phone #: _____
Family Navigator: _____ Phone #: _____

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

1. I am expected to make an appointment with the team 1x per week, unless team has suggested otherwise. Sessions will be scheduled in advance and arranged to fit my family's schedule and needs.
2. It is expected that I am home at the time of the scheduled home visits and that the home is a safe place for the home visitor to enter.
3. I must contact my team 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 to meet that week. Visits should only be cancelled or rescheduled due to emergency situations.
4. It is expected that if an emergency comes up, that I contact the team 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.
5. After I miss 3 appointments or am not consistent meeting with my team over 2 weeks, they will schedule a meeting to review my participation and may discharge me from program.
6. I am expected to participate in both individual and family sessions. I will help to develop and follow the service plan that will guide my treatment. I understand that my partner (if involved) will also have individual sessions with the team which will also be guided by the service plan developed.

Client's Signature Date

Staff signature (s) Date

Wellmore's Home-Based services are open Monday through Friday, 9:00 AM until 5:00 PM.
Evening hours are available based on the program an treatment schedule.