

**Volunteers
of America®**
Texas

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Date: 5-26-09

To: Patricia Bailey

Company: Project Choices

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From: Volunteers of America

Fax Transmission

- ☐ Please call to confirm receipt
- ☐ Please respond by return fax
- ☐ Call only if transmission is incomplete

RE: Consent

Number of pages including cover sheet: _____

COMMENTS: _____

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A Ministry of Service
Volunteers of America Texas, Inc.
5630 Lavender Street, Houston, TX 77026

Houston-Based Chemical Dependency Treatment, Prevention.
Housing and Support Program

Consent For Treatment

I, _____, the undersigned to hereby
Treatment or examination.

I acknowledge that no guarantees have been made to me as a result of
Treatment or examination.

I agree to fulfill Program Expectations:

- _____ To remain chemical free from any mind of mood altering
Substances except as prescribed.
- _____ Maintain a neat, orderly and appropriate appearance,
Manner, and behavior while in treatment.
- _____ To attend and become involved in a 12 Step Program as
Required.
- _____ To obtain an appropriate Sponsor as required.
- _____ To adhere to the Program schedule unless otherwise
directed by staff.
- _____ Refrain from violence or threats of any kind to staff or
other clients.
- _____ Meet any reasonable demands made by staff.
- _____ I will provide a urinalysis and/or breath sample upon
Request to screen for mind or mood altering substances.
- _____ The client rights have been reviewed with me and I have
been provided with a copy.
- _____ This agreement will expire upon formal discharge from
Program.

This form has been explained to me and I understand its consent.

Client Signature

Date

Staff Signature

Date