

LAMOD PROGRAM ADMISSION AGREEMENT INTAKE PROCESS

Review the information listed below and put your initials next to each item. Your initials indicate that you have read each item, understand the information, and have had the opportunity to ask questions to LAMOD staff member(s) that review this form with you.

Purpose of LAMOD

I understand that I have been assigned to a LAMOD Dormitory. The purpose of LAMOD is to give me the opportunity to participate in treatment to learn better coping skills to address problems and conflict in my life.

I have been given a LAMOD/Youth Manual that explains treatment services and program expectations. I understand it is my responsibility to refer to the handbook and adhere to program expectations to the best of my ability.

I have also been given a copy of the Code of Conduct and I must adhere to the expectations outlined in the Code of Conduct.

Treatment Services

As a part of my treatment, I understand that I will be assigned a Social Service counselor, will attend/participate daily group sessions, weekly individual counseling sessions and monthly family sessions.

I understand that all LAMOD Staff working in my Dormitory are members of my treatment team. I agree to participate in all group meetings and/or staffing with my treatment team by giving my input into developing my treatment plans.

I understand that if I have a concern about my treatment I can talk with my Social Service Counselor, Group Leader, Directors or LAMOD Coordinator.

I agree to participate in all treatment and dorm activities to the best of my ability.