



### Behavioral Intervention Agreement

Client Name:

Client Number:

Due to the following, I agree to a behavioral contract with Drug & Alcohol Services:

The contract conditions are as follows:

- 1)  Attend Outpatient Treatment Level
- 2)  Arrive on time for all services
- 3)  Move into a sober living environment by
- 4)  Remain in sober living environment
- 5)  Meet with Clinician/Specialist/Case Manager
- 6)  Compliance with random drug testing
- 7)  No positive toxicology screens for any substances
- 8)  No further use of any substance
- 9)  Attend at least one community-based support meeting
- 10)
- 11)
- 12)

The time length of this agreement shall run for:

By signing this contract, I agree that I understand what is required of me. If I fail to follow my part of this agreement I will:

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician/Specialist signature: \_\_\_\_\_ Date: \_\_\_\_\_