



County of San Luis Obispo Behavioral Health
Drug and Alcohol Services

Treatment Program Agreement

Client Name: _____ Client MR#: _____

I have received (on hard copy) and agree to the following Treatment Program Agreement with County of San Luis Obispo Drug and Alcohol Services:

AB109 Treatment Program

Adult Drug Court (ADC)

Behavioral Health Treatment Collaborative Court (BHTCC)

Court Misdemeanor Diversion (CMD)

Family Treatment Court (FTC)/Perinatal Outpatient Extended Group (POEG)

Intensive Outpatient Treatment (IOT)

Medication Assisted Treatment (MAT)

Outpatient Treatment

Prop 36 Program

Pre-Trial Diversion (PTD)

Youth Treatment

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Relationship: _____

Staff Signature: _____ Date: _____