

County of San Luis Obispo Behavioral Health  
Drug & Alcohol Services

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

The time length of this agreement shall run for: (narrative line/field)

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: \_\_\_\_\_