



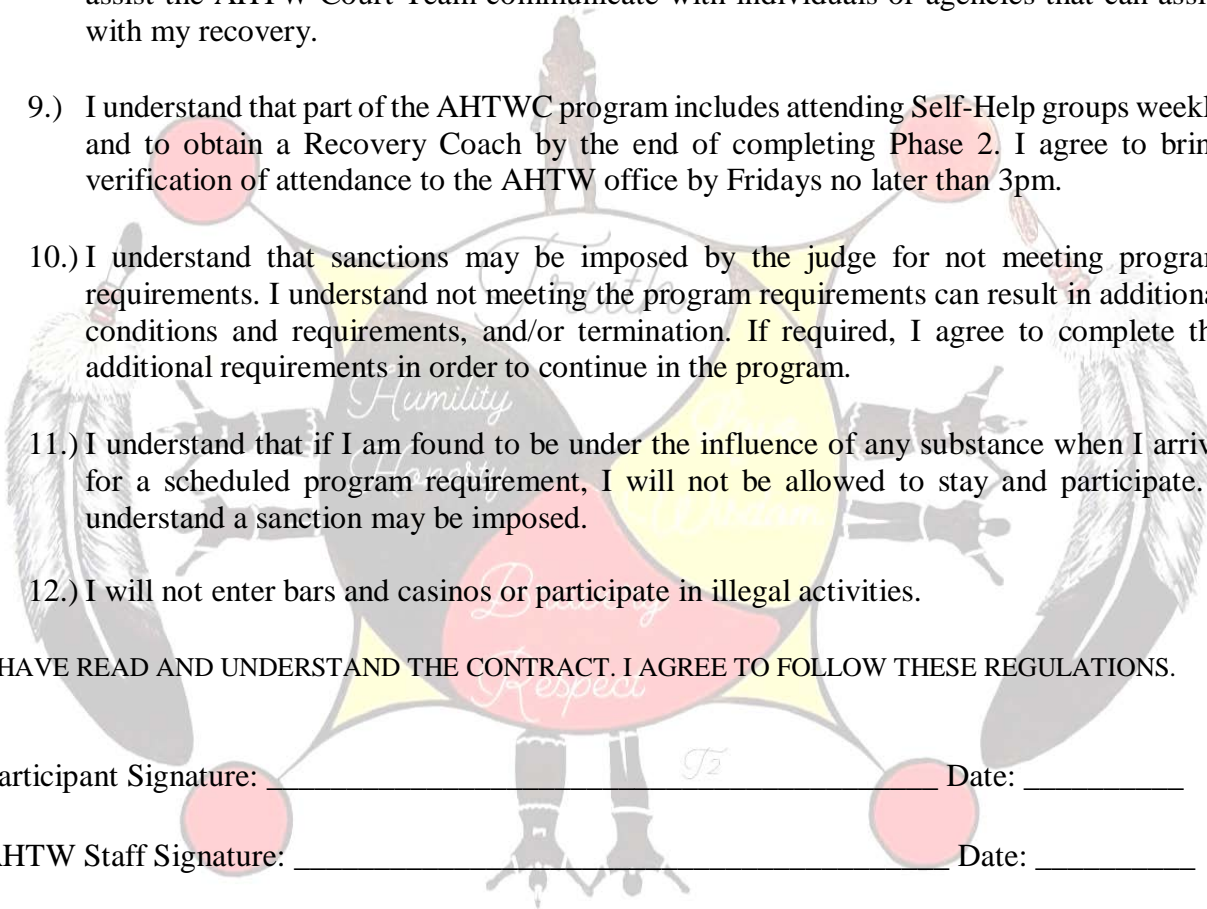
# Saginaw Chippewa Indian Tribe

## Adult Healing to Wellness

### *Participation Agreement*

I HAVE CHOSEN TO PARTICIPATE IN THE AHTW PROGRAM. TO ENSURE MY FULL PARTICIPATION IN THIS DRUG AND ALCOHOL FREE PROGRAM, I AGREE TO THE FOLLOWING REGULATIONS:

- 1.) I agree I must attend all scheduled program requirements and appointments made by the AHTWC staff and my providers. If I need to miss a scheduled program requirement, I will notify the appropriate provider(s) and AHTWC staff. I will bring in documentation, typed on their letterhead, from my employer or doctor for verification. If I fail to call and bring verification to my next scheduled program requirement, the missed program requirement will be considered an unexcused absence. Each absence will be included in the weekly report sent to the judge.
- 2.) I understand that I will be required to submit to breathe tests and supervised urinalysis screens. If I do not report for testing, do not produce a urine specimen, if the urinalysis is not a sufficient amount, or lab confirms urinalysis screening was diluted, the urinalysis screening will be considered a positive screening and a sanction will be imposed according to what phase I am in.
- 3.) I understand if I am suspected of being under the influence of any substance, I agree to follow any and all recommendations from the AHTW Court Team and my providers such as: detoxification, inpatient treatment, and/or MAT.
- 4.) I understand that while I am waiting to be admitted into a detoxification or inpatient facility, or to be scheduled for a MAT appointment, I agree I will attend all scheduled appointments unless directed otherwise by the AHTW Court Team, the Chief Judge, and/or my providers. If detoxification or inpatient treatment is necessary, I agree to immediately meet with the AHTW Court Team upon my release to reassess my treatment plan.
- 5.) I understand and agree that I am financially responsible for any costs not covered by my health insurance or the AHTW program.
- 6.) I understand I am responsible for informing and providing documentation of all prescription medications I am taking. I am also responsible for notifying staff if there are any changes to my prescriptions. I agree to follow the program guidelines regarding medication.

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- 7.) I understand that I am required to inform staff of any over-the-counter medications I may be taking and they are to be non-addictive and not contain any alcohol or any unauthorized substances. I am also responsible for confirming with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol or other any unauthorized substances. I understand that using mood-altering medications could terminate me from the AHTW program.
- 8.) I understand that I am to cooperate with all AHTW Team Members in formulating my treatment plan. I agree to sign the consent forms for the release of information in order to assist the AHTW Court Team communicate with individuals or agencies that can assist with my recovery.
- 9.) I understand that part of the AHTWC program includes attending Self-Help groups weekly and to obtain a Recovery Coach by the end of completing Phase 2. I agree to bring verification of attendance to the AHTW office by Fridays no later than 3pm.
- 10.) I understand that sanctions may be imposed by the judge for not meeting program requirements. I understand not meeting the program requirements can result in additional conditions and requirements, and/or termination. If required, I agree to complete the additional requirements in order to continue in the program.
- 11.) I understand that if I am found to be under the influence of any substance when I arrive for a scheduled program requirement, I will not be allowed to stay and participate. I understand a sanction may be imposed.
- 12.) I will not enter bars and casinos or participate in illegal activities.

I HAVE READ AND UNDERSTAND THE CONTRACT. I AGREE TO FOLLOW THESE REGULATIONS.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AHTW Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_