

CRISIS STABILIZATION HOUSE AGREEMENT

All CSH facilities are designated drug free "safe" zones. Personal possession of any medications (prescribed or otherwise), controlled substances, CBD unless approved by CSH Medical Director, alcohol, chemical substances (such as aerosol sprays and paints/thinners), and over the counter pharmaceutical products without an MD order) is prohibited. Staff will assist in maintaining a safe zone environment by conducting random searches which may include property, living quarters and general areas, urine drug screens, breathalysers and other methods appropriate to the presenting situation. All medications and chemical substances must be turned in to staff immediately upon entering the CSH.

I acknowledge that I have used/abused the following substances:

Client Initial	Client Initial	Client Initial	Client Initial
Alcohol	Opiates	Amphetamines	
Marijuana	Heroin	Benzodiazepine	
Cocaine	Prescription Meds	Other	

I agree to random drug screens, breathalyzer or urine drug screen	
I agree to random checks of my belongings upon reentry to Crisis Stabilization House.	
I agree to obtain medications only through my identified provider(s). All medical treatment accessed need verification. Clients must turn in any and all prescribed medications or prescriptions obtained documentation that indicates the complaints reported diagnosis/identified treatment needs and follow up instructions.	
Avoid people who use. Avoid places where drugs are present.	

I choose to redirect myself by doing the following	
Attend support groups (circle) 1 2 3 4 5 6 7 times per week. (AA, NA, etc.)	
See professional therapist or counselor for individual or group treatment.	

VIOLATION OF AGREEMENT

I, the Client, acknowledge my awareness, understanding and agreement that any substance abuse or refusal to follow with established AODA programming will result in my possible discharge. Resource information for comprehensive AODA services (such as the Milwaukee Detox Center and Access Points) will be provided to me upon discharge, along with community resources including shelters and meal sites. We (the CSH) agree that we will make arrangements to discharge you, the Client, to a safe place within the community.

Client Signature: _____ Date: _____

Clinician/Witness Signature: _____ Date: _____