**Date**:

**Client Name**:

This letter, effective on today’s date, is to detail circumstances for participation in the Pathways transitional subsidized housing services. It is the focus of the Pathway’s program to assist with the collaboration of services needed for females with mental health disorders and or co-occurring substance abuse disorders that continue to return to incarceration. The approach of the model utilizes integrated models of intervention with these two principles in mind:

1. Individuals are responsible for their behavior.
2. Individuals are able to change their behaviors.

 This agreement is being written due to the participant’s utilization of transitional subsidized housing services. By signing this agreement, the participant understands the following programming and conditions must be maintained in order to be eligible for Pathways housing services. If the participant does not attend the programming as scheduled, the participant will not be eligible for Pathways housing services.

1. **Southeast and or other Mental Health Provider’s**
	1. Attend IOP three days per week
	2. Attend Individual Counseling as scheduled
	3. Continue Vivitrol/naltrexone treatment with provider
	4. Attend appointment with Psychiatrist
2. **Pathways**
3. Communicate with the Pathways team on a regular basis
4. Attend all scheduled appointments with the Pathways team, providing 24 hours’ notice if a meeting must be rescheduled
5. Attend all scheduled meetings with Peer Supporter, providing 24 hours’ notice if a meeting must be rescheduled.
6. Attend all Saturday meetings, unless other arrangements are made with the Peer Support Supervisor (Bailey/Marcia)
7. Attend weekly check-ins with the Pathways team.
8. **Employment**
	1. Attend IMPACT Reentry program if appropriate

 The participant understands maintaining contact and communication with the Pathways Team is an expectation of Pathways participants throughout the duration of the program. The participant also understands it is her responsibility to update the Pathways team if there are any changes to the above programming.
 The participant has read this agreement and understands that by signing it, the participants agree to its terms. The participant also agrees they are signing this agreement of their own free will and under no duress.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant (print Name) Signature Date
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pathways Representative (Print Name) Signature Date