

SAMPLE: DO NOT USE

Mental Health Systems, Inc
TBS San Bernardino Program
Authorization for Treatment and Services

Dear Parent, Caretaker, or Guardian,

The Therapeutic Behavioral Services (TBS) San Bernardino Program is designed to assist young people and their families with current behavioral challenges. TBS is a short-term service (3 months) and is designed to provide strategies to improve behavior and increase knowledge.

A trained TBS Team consisting of a Case Manager and Coach has been assigned to your case. The TBS Coach will be providing services within your home on a regularly scheduled basis. The number of hours of service has been a decision that has involved the TBS Team and your input.

Behavioral change takes a great deal of commitment, cooperative effort, time and investment. You are an extremely important member of the TBS Team. The TBS Program is dedicated to empowering families and requires that families actively participate in treatment. For service to be offered the following requirements must be followed by the family.

- **The parent or guardian agrees to be present in the home at all times during delivery of service.**
- **The family agrees to work cooperatively with the TBS Service Team, which consists of the Case Manager and Coach.**
- **The family agrees to actively participate in providing TBS Services to maintain the child safely at home and that all parties work hard to make the behavioral changes necessary. It is crucial that the family practice and put into place the behavioral strategies introduced by TBS.**
- **The family agrees to permit TBS staff into their home to provide services and be present at all TBS scheduled times.**
- **The family agrees to attend all meetings or Treatment reviews as requested by TBS and provide regular feedback and behavioral observations on the youth's progress.**

***If client 18 years of age or over, a parent or guardian does not always need to be present for the delivery of TBS services. The TBS Treatment Team will assess this**

on an individual case basis. It will still be a TBS requirement though that the parent/guardian be actively involved as a member of the TBS Treatment Team.

The family/staff relationship is the most important component of the TBS Program.

This is to authorize the TBS Program to treat _____.
Child's Name

I understand that the treatment process may involve other members of the family and the exchange of information with other professional agencies and individuals with a signed release of information form.

I, _____, understand the TBS Program expectations.
Caregiver's Name

I am committed to participating and will be present at home while services are being provided. Yes No

I understand that if these requirements are not met the TBS Team can review eligibility/Program compliance and terminate services.

Must be SSSP signature

Signature of Parent/Guardian

Date

Do not need will be obtained at assessment

Signature of Client

Date

18 years of age or over: Yes No

Do not need will be obtained at assessment

Signature of TBS Case Manager

Date