

**FAMILY GUIDANCE CENTER OF WARREN COUNTY**  
**FAMILY INVOLVEMENT AGREEMENT**

Client Name: \_\_\_\_\_ Case# \_\_\_\_\_ Prog: \_\_\_\_\_

**Part I. Involvement of Family/Significant Others**

I understand that involvement of my family/significant others in my treatment, treatment planning, psycho-education and available treatment and support services can be helpful to my treatment here at the Family Guidance Center.

\_\_\_\_ I am willing to sign authorization forms so that the following family members/significant others can be involved with my treatment:

Name	Relationship to Client
_____	_____
_____	_____
_____	_____
_____	_____

**OR**

\_\_\_\_ I do not want to have family members/significant others involved with my treatment at this time.

**Part II. Receipt of Resource List**

\_\_\_\_ I have received a list of existing behavioral health/substance abuse treatment services in Warren County that I can share with my family/significant others.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date