
Transitions Program Withdrawal Management and Supportive Recovery

Youth Contract

I, _____ agree to the following rules and conditions while in the Transitions Withdrawal Management and/or Supportive Recovery Program:

1. I understand that my involvement in the Transitions program is voluntary and I agree to take a break from using all substances and explore my relationship with substance use by working with a counsellor through Discovery Youth & Family Substance Use Counselling.
2. Should I choose to leave the Transitions program early, I will notify Transitions staff, sign the voluntary discharge form and follow the safety plan as discussed.
3. I am responsible for how I behave and I understand that any disrespectful or abusive behavior or vandalism to the care home may result in my immediate discharge from the program.
4. All my medications and vitamins will be locked up by the care home provider. I understand that it is my responsibility to ask my care home provider for my medication and that I will only take them as prescribed by my doctor. All medication must be taken in the presence of my caregiver who will record this information.
5. Cell phones are not permitted while in the Transitions program. If I bring my cell phone or computer/laptop into the care home, my caregiver will keep it locked up until I am discharged from the program.
6. While in the Transitions program I will allow the care home providers to hold my bank card and/or cash for safe keeping and budgeting purposes. You may have access to your money and bank card as needed and all purchases will be logged on a petty cash tracking sheet and receipts will be attached.
7. No phone calls can be made or received after 9:30pm while in the Transitions program. I will also be considerate of others who require use of the phone.
8. I will be respectful of "Quiet Time" in the care home, which is 10pm on weeknights, and 11pm on weekends. I must be in my room by this time and all cigarettes and lighters will be turned in to the caregiver upon going to bed. Quiet activities are allowed in my room after this time (ie. reading, writing, etc).
9. I agree to smoke outside and only in designated smoking areas.
10. I will refrain from swearing and any other offensive language or statements while in the care home.

11. I agree to keep my room clean and tidy, to clean up after myself and to do my own laundry as needed.
12. I agree to allow care home providers and/or Care Coordinators to conduct regular room checks. Please note all room checks will be done in your presence.
13. I agree to allow program staff to conduct a personal inventory record and thorough check of the items, clothing, etc. that I bring with me into the care home.

Withdrawal Management Program:

14. Internet use is not permitted while in the Withdrawal Management program.
15. While in the Withdrawal Management program, I will limit phone calls to parents / guardians, and professionals only.
16. While in the Withdrawal Management program I understand that visits to my family home are not permitted, unless approved by the Care Coordinator.

Supportive Recovery Program:

17. While in the Supportive Recovery program, I agree to develop a “safe friends list” with the Care Coordinator.
18. While in the Supportive Recovery program, I will contribute to household chores and participate in care home activities.
19. Internet use is restricted to school, and work-related use only and will be supervised while in the Supportive Recovery program.
20. Caregivers are available to provide you with transportation for appointments and school/or work needs.
21. I will participate in daily household chores and if so receive a weekly allowance of \$20.

If there is an occurrence where these guidelines are violated, you may be asked to leave the Transitions program. If you are asked to leave the program, you can apply to re-enter the program at a later date. If you disagree with the decision to restrict your participation in the program, you can provide feedback regarding this by using the NARSF Programs Complain Resolution Process which is outlined on page 6 of the NARSF Programs Ltd. Client Handbook.

Youth _____ Date _____

Parent/Guardian _____ Date _____

Caregiver _____ Date _____

Care Coordinator _____ Date _____