



Consent To Receive Services

CONSENT TO RECEIVE SERVICE

I, **the undersigned**, hereby consent to receive any and all services required to support my care, including but not limited to; assistance with daily living activities, day programming and/or any medical care required (doctor, calling ambulance, OT/PT, dentist, other medical care) and will to the best of my abilities follow all program and society policies and procedures.

I **understand** that my full acceptance to Cascadia Society is conditional upon a successful initial 3-month probation.

I **further understand** that the violations listed below may be grounds for being asked to leave Cascadia Society premises immediately and possible suspension from the program:

- Any physical violation of or threats of violence against anyone
- Verbal abuse of coworker/home leaders/volunteers or other companions
- A negative attitude that interferes with the comfort of other companions
- Any inappropriate intimate involvement with the same or opposite sex
- Leaving the premises without permission from coworkers or home leader

I **agree** with the above and that I will adhere to all policies and procedures as presented during my admission process.

Name of Companion

Signature of Companion

Name of Legal Guardian

Signature of Legal Guardian

Name of Witness

Signature of Witness

Date (dd/mm/yyyy)