




NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™


 PATIENT IDENTIFICATION



**THE CENTER FOR FAMILY SAFETY AND HEALING
 COMMUNITY-BASED SAFETY AND WELLNESS TREATMENT AGREEMENT**

In order to continue to receive community-based treatment through Nationwide Children's Hospital and The Center for Family Safety and Healing, the following conditions are agreed upon for **each** home visit:

1. The consenting adult will agree with the employee who can be present during visits.
2. No alcohol/illegal drug use will occur during, or immediately prior to, the visit.
3. No smoking will occur during the visit.
4. All persons will be fully clothed during the entire visit.
5. The employee visiting your home may request that all animals be secured during the visit.
6. All weapons will be identified and secured during the visit.
7. All persons in the home during the visit will be identified.
8. In situations of self-injurious threat or behavior, homicidal threat or behavior, and/or aggressive threat or behavior the employee visiting your home may call 911 and leave the visit. In concerning situations that are not emergencies, the employee visiting your home may advise the family to call authorities or go to the hospital.
9. The employee visiting your home will report all suspicions of child abuse and neglect to the appropriate authorities. Significant concerns regarding suicidal or homicidal behavior may also be reported.
10. Please call us before our next visit if you have any involvement with law enforcement since our last visit.
11. All concerns regarding contagious illness, infestation (i.e. cockroaches, bed bugs, lice) or violence in the home or community since the previous visit will be disclosed prior to the next visit via telephone.
12. You may be asked to turn off the television/radio during the visit.

A copy of this agreement will be provided to you.

Comments:

Client's Signature

Date

Time

**Client's Parent/Guardian Signature
 (Required if client is a minor)**

Date

Time

Employee's Signature

Date

Time