

County of San Luis Obispo Drug and Alcohol Services

Treatment Program Agreement

Date:
Client Name: Last Name
Client Number:

	First	Name
,		

I have received (on hard copy) and agree to the following Treatment Program Agreement with County of San Luis Obispo Drug and Alcohol Services:

AB109 Treatment Program Adult Drug Court Behavioral Health Treatment Collaborative Court (BHTCC) Court Misdemeanor Diversion (CMD) Family Treatment Court (FTC)/Perinatal Outpatient Extended Group Intensive (POEG) Outpatient Treatment Medication Assisted Treatment (MAT) **Outpatient Treatment** Prop 36 Program Pre-Trial Diversion (PTD) Youth Treatment Client Signature: _____ Date: _____ Staff Signature: _____ Date: _____ Client Name: _____ Client MR#: _____