Washington State Department of Social & Health Services

Transforming lives

DDA Community Protection Program
Chaperone Agreement

The following information documents the agreement that allows the identified person to provide supervision and support to the identified Community Protection Program client without the program staff present and responsible for supervision and support per DDA Policy 15.04.

CHAPERONE	CLIENT

- I met with or spoke to the treating therapist and understand this person's Treatment Plan(s) and the reasons for restrictions and supervision.

- I read and understand this person's Treatment Plan(s) including the level of supervision required.

- I received full disclosure of this person's criminal and/or offense history.

- I understand that I cannot transfer my chaperone / supervision responsibilities to another person unless they are this client's staff or have signed a Chaperone Agreement for this person.

- I understand that I can ask questions, get clarification, and have access to the person's Treatment Plan to review restrictions and/or my responsibilities as a chaperone.

- I understand that changes in restrictions require the approval of the treatment team before they can become effective and that I will be informed of changes or revisions to the Treatment Plan.

- I understand that as a chaperone, I have the responsibility to report any violations of this person's Treatment Plan that occur while this person is under my supervision to the program staff and the person's DDA Case / Resource Manager.

- I understand that if I fail to provide the approved level of supervision and report any violations of the Treatment Plan while this person is under my supervision, my chaperone status will be reviewed by the treatment team and may be revoked either temporarily or permanently.

By signing this document, I am agreeing to the above statements.

CHAPERONE	DATE

This Chaperone Agreement has been reviewed and agreed upon by the treatment team:

CLIENT AND/OR LEGAL REPRESENTATIVE	DATE
THERAPIST	DATE
RESIDENTIAL PROVIDER	DATE
CASE RESOURCE MANAGER	DATE