



## Intensive Habilitation Services (IHS) Family Agreement

CLIENT'S NAME	CHILD / YOUTH'S DATE OF BIRTH	ADSA ID NUMBER	AGREEMENT DATE
PARENT / GUARDIAN	PARENT / GUARDIAN		
<p>The Intensive Habilitation Services (IHS) program provides stabilization services to children and youth aged 20 and under.</p> <p>The IHS program provides short-term habilitative services that are based on a client's most prominent target behaviors as identified by the client's family in conjunction with the case manager. IHS program staff are trained in positive behavior support principles and de-escalation techniques to support a client to acquire, retain, and improve upon self-help, socialization and adaptive skills. Successful outcomes are achieved when a consistent approach is applied to meeting the client's support needs and parents are actively engaged in obtaining new strategies to support their child.</p> <p>I understand my role is to actively participate in my child's services while at the IHS program. This includes:</p> <ul style="list-style-type: none"> <li>• Weekly contact with my child (e.g. in-person or virtual platform);</li> <li>• Participating in my child's individualized team meetings;</li> <li>• Engage in learning to understand and effectively implement strategies identified in the habilitation plan; and</li> <li>• Working with the IHS staff as my child transitions back into my family home, understanding the discharge date is based on my child's progress toward the family-identified goals.</li> </ul> <p>I understand that the IHS program works best if all the people that support my child work together. I understand that accessing this service is voluntary and does not affect my legal rights and responsibilities as the parent or legal custodian for my child. The Developmental Disabilities Administration is providing a Medicaid service, which is based upon my consent.</p> <p>As the legal custodian, I retain the authority to make all legal decisions and authorize all medical care for my child.</p>			
PARENT / GUARDIAN'S SIGNATURE(S)		DATE	
PARENT / GUARDIAN'S SIGNATURE(S)		DATE	
CASE / RESOURCE MANAGER'S SIGNATURE		DATE AGREEMENT RECEIVED	

cc: IHS program staff