

JACKIE NITSCHKE CENTER, INC.
Aftercare Responsibility Agreement

Please read these responsibilities carefully. If, for any reason, you cannot or will not comply, **please inform the staff prior to starting aftercare.**

1. I am aware that aftercare meets weekly for 1½ hours per session for a minimum of 16 total sessions.
2. I am aware there are to be NO MISSES in the first five weeks. **The only acceptable miss will be with a doctor's excuse.** If I miss during those first five weeks (with NO doctor's excuse), I will be discharged. The only way to return would be to attend the weekly staffing with all the counselors to discuss my case.
3. I am aware during the first five weeks of aftercare, **I must attend the same aftercare group.** Beginning on the sixth aftercare session, I may attend a session held on a different day **ONLY** if I am unable to attend my regular aftercare meeting time.

NOTE: Data collected by Jackie Nitschke Center shows that people who complete the first five aftercare sessions without a miss are much more likely to complete the 16 weeks of aftercare.

4. Following my fifth aftercare session, I am allowed two misses with no excuse required. (Note: There is no such thing as an excused or unexcused miss – you get two total.) On my third miss I will be discharged. The only way to return would be to attend the weekly staffing with all the counselors to discuss my case.
5. I am responsible for getting to the sessions ON TIME. I am aware once the group starts, I will not be allowed to enter the aftercare session. This is considered a missed session.
6. I agree to drug screens when asked by the counselor. Failure to comply will mean discharge.
7. I agree to remain out of bars while in the aftercare program, and will not use alcohol or any non-prescribed drug during this time period. I will inform the counselor of any drugs that are prescribed to me during my time in aftercare.
8. **I agree to attend a minimum of 2 AA or NA meetings per week. Failure to follow this the first time, and I can remain in aftercare that night BUT it will not count as a day attended. (It also will not count as a miss.) If I leave, the time will count as a miss. The second violation of this rule, I am aware will result in my being discharged. I would then need to attend the weekly staffing with all the counselors to discuss my case.**
9. I will be an active participant in the group.
10. I will follow my treatment plan and discharge plan developed with my counselor.
11. I am aware confidentiality is an important part of the program. I agree not to say who is in aftercare or discuss with others issues dealt with during the program. Any violations of confidentiality will result in discharge.
12. I am aware the grievance procedure is the same as the residential/outpatient procedure.
13. I must make all agreed upon payments to remain in the program. I will not successfully complete the program until my financial obligations have been met.

My primary aftercare group will be:

___ Wed. 5:30 to 7:00 p.m. ___ Sat. 8:00 to 9:30 a.m.

My aftercare counselor will be _____. My first aftercare session is on _____.

I understand and agree to the terms of the above contract. I have also received a copy for my own records.

Signature of Client

Date