

HARRIS COUNTY SYSTEMS OF HOPE

Youth/Family Rights & Agreement for Participation

Systems of Hope Mission: "To provide effective support and care which is family-driven and youth-guided to families and their children who are experiencing serious emotional and behavioral problems. The Harris County Systems of Hope will utilize integrated, holistic, and individualized methods based on strengths and an appreciation of the many cultures represented in our community."

CLIENT RIGHTS

I understand that, as a client of the Harris County Systems of Hope (SOH) program, I have the following rights:

- to be treated with dignity and respect
- to get the best service possible to meet my child and family's needs
- to have things explained to me in a language that I understand
- to participate in planning all strategies to work towards our goals
- that any participation in activities outside the Plan of care is optional
- to meet with the staff and to receive an explanation of their qualifications, titles and responsibilities
- to understand why, if ever, a different staff person is assigned to work with my family
- to refuse to participate in completing questionnaires and still receive services of this program
- to know that my records are being kept in a confidential manner
- to be treated without discrimination
- to make a complaint about services provided without such complaints being used against me

If I have any complaints against any Systems of Hope staff, I may make a grievance directly to any or all of the following:

- The Systems of Hope Client Services Manager, Pam Schaffer (713) 295-2546
- The Systems of Hope Care Program Supervisor, Jackie Mendoza (713) 295-2515
- The Systems of Hope Director, Janis Bane (713) 295-2521

I understand that discharge from the Systems of Hope Program may occur:

- if my youth or myself choose to stop participating in the program
- if legal guardians in the home are not in full agreement to participate in the program
- if my family relocates outside of Harris County

EXPECTATIONS OF PARENT OR GUARDIAN

- Active participation in my youth and family team meetings.
- Assist Care Team in recruiting members of my family and community to be a part of my youth and family team.
- Strive to understand and honor the culture of all agencies/organizations involved in my child's team.

Parent or Guardian Printed Name

Signature

Date

Youth Printed Name

Signature

Date

Care Coordinator Signature

Care Coordinator Printed Name

Date

Parent Partner Signature

Parent Partner Printed Name

Date

Services have been thoroughly explained to me and I decline participation with the Systems of Hope Program.

Parent/Guardian Signature

Date

EVALUATION OUTCOME STUDY OPPORTUNITY

I have received a brochure about the Systems of Hope evaluation component and agree that an evaluation team member may meet with me during my next scheduled meeting to explain the evaluation outcome study and answer any questions I may have. I understand that participation is voluntary.

I understand that if I choose to enroll in the evaluation outcome study, evaluation team members will continue to contact me even after discharge from the program for the remainder of the study.

Parent or Guardian Printed Name	Signature	Date
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Youth Printed Name	Signature	Date
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Care Coordinator Signature	Care Coordinator Printed Name	Date
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Parent Partner Signature	Parent Partner Printed Name	Date
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