

## Family Service Guidelines

Please be advised that services will be offered on a weekly basis. These will be provided on the authorized dates given by Perform Care or \_\_\_\_\_. In order to provide you with the best service, it is important to inform you of the following guidelines:

- The sessions will be coordinated between the family and the service provider. In order to render services, the youth must be present.
- In each meeting the family will sign documentation that will confirm that the services were provided.
- The provider will not collect money from the families directly.
- Please be advised that all the information provided is confidential and will not be disclosed to third parties without the guardian or the youth (if older than 14) signing a release of information. Confidentiality may be waived if the minor reports sexual, physical or any other type of abuse. The provider may disclose this information, without consent, to the Division of Child Protection and Permanency (formerly known as Division of Youth and Family Services), as required by law. If the youth reports suicidal ideation or plan, the provider has the responsibility to assess risk and take the necessary steps to guarantee the well-being of the child.

We thank you for allowing us to come into your home. We will strive to make this experience a positive one and help your family achieve your goals.

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I \_\_\_\_\_ agree for \_\_\_\_\_  
(Guardian's name) (Youth's name)

To receive services from the providers of Bilingual Therapy NJ, LLC

I certify that I understand the terms of this agreement.

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date