

AGREEMENT FOR MENTAL HEALTH SERVICES

(See 22 VAC 40-72-500 C and D)

We, _____,
(Name and Address of Service Provider)

agree that the following services will be made available to: _____ who resides in
(Name of Resident)

_____ and who requires mental health services.
(Name of Assisted Living Facility)

- (1) Diagnostic, evaluation and referral services in order to identify and meet the needs of the resident;
- (2) Appropriate community-based mental health, mental retardation, and substance abuse services;
- (3) Services and support to meet emergency mental health needs of the resident;
- (4) Completion of progress reports as specified in Standard 22 VAC 40-72-500 D of the *Standards for Licensed Assisted Living Facilities*; and
- (5) If any other services, specify: _____

_____.

The responsibility for payment of any charge for services provided will be negotiated by the service provider with the resident or the person responsible for managing the financial affairs of the resident.

Progress reports shall be provided at least every six months while the resident is receiving services. The written consent of the resident is required for the information on the progress report to be released to the assisted living facility.

(Signature of Service Provider)

(Signature of ALF Representative)

(Title)

(Title)

(Phone Number)

(Date)

(Date)