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)        (Phone Number)

_______________________________________  ___________________________________
(Date)        (Date)