TEXAS Health and Human Services

Form 3301
August 2023

Residential Treatment Center Project Family Agreement

Purpose: The legally authorized representative (LAR) signs this form to initiate their child's enrollment in the Residential Treatment Center (RTC) Project.

Child Name:	Date of Birth:
LAR Name:	
LAR Email:	LAR Phone Number:
Local Mental Health Authority (LMHA) or Local Behavioral Health Agency (LBHA) Name:	

I understand and acknowledge that:

- I will retain legal responsibility for my child while enrolled in the RTC Project.
- My child is eligible for the RTC Project because they are at risk of being placed into Department of Family and Protective Services (DFPS) conservatorship because of their mental health needs.
- The RTC Project is not a long-term placement. My child will remain in the residential setting for an average of six to nine months or longer, depending on their progress.
- HHSC will notify me if HHSC becomes aware of any safety concerns while my child is in an RTC.
- Placement of my child in an RTC may not be immediately available nor is it guaranteed. If placement is delayed or unavailable, my LMHA or LBHA will connect me to local community mental health services to support my child and family.
- The RTC Project will help prepare my child to return to my family's home. If I choose to refuse to accept parental responsibility at the time of discharge from a contracted RTC Project facility, the facility will notify DFPS Statewide Intake putting my rights to retain legal responsibility at risk.
- My child's treatment team may suggest a more restrictive setting to help my child remain safe.
- My family has the right:
    - To be safe.
    - To be treated with dignity and respect.
    - To provide consent to treatment services.
    - To be free from unlawful discrimination based on race, national origin, religion, age, sex or disability.
    - To be heard. If I have concerns about LMHA or LBHA services provided to my child, I will contact the HHSC Ombudsman at 800-252-8154.

During my child's involvement with the RTC Project I agree to:

- Work with my child's LMHA or LBHA case manager to complete the RTC application packet.
- Continue being an active participant in LMHA or LBHA services for my child.
- Actively participate in weekly case management or family partner services provided through my LMHA or LBHA.
- Actively participate in weekly family therapy sessions in person, virtually or both.
- Actively participate in regular treatment team meetings with my child's clinical treatment team.
- Support my child's transition back into the community and follow the treatment team's recommendations to support these efforts.
- Immediately report any concerns of abuse, neglect or exploitation to DFPS.
- Inform the LMHA or LBHA case manager any time my living situation changes.

By signing below, I confirm that I have received:

- Written and oral explanation of the RTC Project and the contents of this document.
- A copy of the RTC Project Family Guide.
- A copy of this signed form.
- Information on how to file a complaint.
- Information on how to report allegations of abuse, neglect or exploitation.
- Information on how to report suspected civil rights violations.

LAR Name	**LAR Signature**	**Date**
LMHA or LBHA Liaison Name	**LMHA or LBHA Liaison Signature**	**Date**