



Consent Agreement for Addressing Financial Misconduct

Participant Name:

Date of Birth:

Guardian Name (if applicable):

Program: Community Development Services

Date:

Introduction:

This agreement outlines the expectations and consequences related to incidents of financial misconduct within the program. Its purpose is to ensure a clear understanding among the participant, their guardian (if applicable), and the program staff regarding acceptable behavior and the steps that will be taken in response to violations.

Acknowledgment of Behavior:

The participant acknowledges past incidents involving the unauthorized taking of money or property from others, including staff members.

Expectations:

The participant agrees to refrain from taking money or property that does not belong to them and to respect the belongings of others within the program.

Consequences of Misconduct:

In the event of a future incident involving financial misconduct, the following steps will be taken:

1. **Internal Investigation:** The program will conduct a thorough internal investigation to assess the situation.
2. **Service Suspension:** During the investigation, the participant's services may be temporarily suspended until a final report is completed.
3. **Potential Legal Action:** Depending on the findings, the program may involve law enforcement authorities, which could lead to a police report and efforts to recover stolen items.
4. **Program Discharge:** Repeated incidents or severe violations may result in the participant's discharge from the program.

Consent and Agreement:

By signing below, the participant and their guardian (if applicable) acknowledge that they have read, understood, and agree to adhere to the terms outlined in this agreement. They also acknowledge that failure to comply with these terms may result in the consequences described above.

Participant Signature: _____ **Date:** _____

Guardian Signature (if applicable): _____ **Date:** _____

Service Coordinator Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Program Director Name: _____

Contact Information: _____

This agreement will be reviewed periodically, and any necessary adjustments will be made to ensure its effectiveness and relevance.