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# Personal InSHAPE Contract

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be a participant in the InSHAPE Health and Wellness program for one year. This membership provides me with the services of a health mentor. I agree to meet with my health mentor according to the following schedule:

Months 1-3 we will meet twice a week.

Months 3-6 we will meet once a week.

Months 6-9 we will meet every other week.

Months 9-12 we will meet once a month.

First month activities will be held at CMH. To move to other community facilities I must show up, observe the Code of Conduct, be motivated, and complete assigned homework.

I agree to participate in at least one workshop/group that is provided by my health mentor through CMH and have the option to participate in any group trainings, workouts, celebrations and other wellness activities throughout the year.

After one year, and upon achieving my InSHAPE goal, I will take responsibility for my own health and wellness program.

Full participation in the InSHAPE program is expected and vital in order to successfully complete the program.

If you fail to keep 3 appointments with your Health Mentor you will be put on hold until a meeting can take place with you and your treatment team.  This meeting will determine the status of your continuing with the InSHAPE program and can result in closure to the program. We understand that life events (increased symptoms, personal/family issues, medical concerns etc.) may interfere with participation and want to provide you an opportunity to address them.  Every effort will be made to keep you open to the InSHAPE program however, if there is no response to outreach or willingness/interest on your part to address these issues then you will be closed to InSHAPE.   If we do close you to the program, you can always be referred/join InSHAPE at a later date when you are ready to fully participate.  If the decision is to continue with InSHAPE, or put you on a temporary hold, please note that you may be required to start at the beginning of the program.

This contract is effective on the date signed below. Sanilac Mental Health’s Mentor has discussed the information in this contract with me.

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Member’s Signature Date

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Guardian’s Signature Date

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Health Mentor Signature Date