

## Case Management Participation Agreement / Waiver

I, Devaprasad Kantharaj, certify that I have received information regarding the Case Management program offered by TVCCA.

I agree to participate in the Case Management program.

I understand that this means my TVCCA Case Manager will make contact with the follow-up on goals that we have mutually agreed upon. If, during this process, I decide I am not longer interested in Case Management services, I will notify my case manager of my decision.

I do not want to participate in the Case Management program.

I understand that if my decision changes, I am still able to participate at a later date.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*