



NO LIMITS RESIDENTIAL CARE LLC

“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”

FORM 8 — ACKNOWLEDGMENT OF ORIENTATION TO SERVICES & CLIENT ORIENTATION HANDBOOK

Client Name: _____
Date of Birth: _____
Record Number: _____

SECTION 2 — PURPOSE OF THIS FORM

This form confirms that the parent/guardian has received a full orientation to the services offered by No Limits Residential Care LLC and a copy of the Client Orientation Handbook. This acknowledgment is required for Level III residential admission and compliance with NC DHHS, MCOs, and DSS.

SECTION 3 — CONFIRMATION OF ORIENTATION

1. Scope of Services Explained:

I was oriented to the full array of services provided, including: 24/7 supervision, therapeutic residential treatment, clinical services, recreational and educational programming, crisis procedures, and life-skills development.

2. Policies & Procedures Reviewed:

I received and reviewed the policies found in the Client Orientation Handbook, including safety, communication, transportation, medication administration, emergency response, confidentiality, grievance rights, and behavioral expectations.

3. Staff Qualifications:

I was informed that all staff are trained according to NC DHHS and MCO requirements, including trauma-informed care, CPR/First Aid, crisis response, medication administration, and client rights.

4. Expectations & Rules:

I understand the expectations for my child's conduct while in care and agree to communicate these expectations to my child.

5. Parent/Guardian Communication Requirements:

I understand the importance of maintaining communication with No Limits staff, participating in required meetings such as CFTs, and being reachable for emergencies.

6. Confidentiality:

No Limits Residential Care protects all confidential information in compliance with HIPAA and NC DHHS privacy regulations.

SECTION 4 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Staff Signature (Orientation Completed By): _____ **Date:** _____

Facility Witness: _____ **Date:** _____