

PHP-Level I Weekend Activity Request

PHP residents are permitted to request a weekend activity on the 3rd & 4th weekend of their program.

- The request is for 1 weekend activity per week. Activity time may not exceed 5-hours including travel time.
- Residents must return by 8:30PM on day of activity. Time requested cannot interfere with assigned group time.
- Residents must be actively engaged in groups, case management, individuals and adhering to program rules.

Permission forms <u>MUST</u> be turned in by 5PM Thursday each week.

ARH staff will be given a copy of the form. Changes are not permitted without prior Clinical approval.

Resident agrees to drop with the staff on duty upon returning to housing.

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Resident Name:	Requested [Dates:
Clinician Name:	Requested 1	Time:
Emergency Contact Name:	Phone:	
Description of Activity		
Acknowledgement of Weekend Activity Guidelines		
By signing this form, you confirm that you understand and	agree to the we	ekend activity guidelines.
Resident Signature		Date
ARH Supervisor Signature:	_	Date
Clinical Approval Signature:		Date
Medical Approval Signature:		Date