



CASE MANAGER AGREEMENT FORM

Value Statement: The Multi-Agency Alliance for Children (MAAC) believes in collaboration, cooperation, good team work and the value of youth voice. We want to be good teammates and challenge and support other team members to be the same.

Client Name

DOB

Admission Date

I, _____, case manager with _____
(Print Name) (County/Agency)

agree to the following for as long as my child is a MAAC youth (*please initial all*).

____ I agree to keep MAAC updated on any **changes in case manager**, telephone or email address.

____ I agree to learn what MAAC does and what **my role is on the team** (information can be obtained through the website www.maac4kids.org or by calling MAAC at (404)880-9323 or by reading the enclosed MAAC Fact Sheet).

____ I agree to communicate any **changes to my child's permanency plan** or **Written Transitional Living Plan (WTLP)** to MAAC.

____ I agree to **notify MAAC**, at least two (2) weeks or as soon as possible, of important meetings (i.e. Family Team Meetings (FTM) and Multi-Disciplinary Team Decision-Making (MDT) Meetings) held with the child in an effort to assure that a MAAC staff member can attend.

____ I understand **my role in a crisis and transition**.

____ I agree to **offer any feedback** (Positive or Negative) to MAAC in an effort to work in collaboration productively.

____ I understand that I must enter all initial and ongoing activity, of my youth, into the **SHINES computer system**. (Instructions available on the MAAC website)

Signature

Date

Witness

Date