

Enrollment Agreement

Welcome to the Texas SDC Program. We ask all new participants to show their commitment to the program by reading and signing the following information.

1. I agree to participate in the Texas SDC Program.		
2. I understand that by signing this document I have of being diagnosed with will help me manage my mental health and reach my	I also agree to lead the proce	
3. I agree to complete a Personal History Form and o	discuss it with and Advisor when I enter the	e program.
4. I understand that I will have 4 weeks to complete from Texas SDC Program Advisors. If I do not compan request another 2 weeks to finish. If after 6 weeks to finish in the program.	plete the Plan and Budget in 4 weeks, I kno	ow that I
5. I agree to begin making purchases from my budge Program Director. If I do not begin to make purchas Advisor to review the budget and discuss why purch	ses, I understand that I will need to meet wi	
6. I agree to use my Personal Crisis Planning process stop me from reaching my goals.	s if I start to experience problems or sympt	oms that
7. I understand that I may withdraw from the Texas Program Director <u>and</u> the researchers at UIC know t		
By signing below, I agree that I have read and under to direct my own recovery (as I define it) and the att		at I am able
Signature	Date	
Name Printed		
Witness Signature	Date	
Name Printed		