

# HOPE FOR A BETTER TOMORROW

## TREATMENT PLAN ACKNOWLEDGEMENT FORM

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*At Hope for a Better Tomorrow, you will participate in the development of your treatment plan. The treatment plan is your “map of care” which includes specific goals that you wish to accomplish. With your therapist, you will discuss frequency of treatment and what types of services and modalities will help you reach your goals.*

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Therapists at Hope for a Better Tomorrow strive to deliver the best possible care for their clients. In order to uphold this high standard, we ask for your signature to acknowledge that you have played an active role in the treatment planning process.

*If you have further questions regarding this form, please consult with your therapist.*

Client Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if under 18)