



DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY TRAINING HOME (CTH) AGREEMENT

Licensee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Co- Licensee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Licensee Address: \_\_\_\_\_

CTH License Number: \_\_\_\_\_

The following individual is placed under the auspices of my CTH license:

NAME: \_\_\_\_\_ DDS NUMBER: \_\_\_\_\_

Terms of Agreement

I, \_\_\_\_\_ of the address listed above, hereby agree to adhere to the following:

- I agree to provide the supervision, companionship, assistance, and support required by the person with mental retardation placed under the auspices of my CTH license.
I agree to adhere to the Community Training Home licensing regulations, 17a-227-23 through 17a-227-30.
I agree to complete the department's approved training program for CTH licensees, or show that I have received comparable training.
I understand that I will be required to demonstrate the required skills and competencies to provide quality supervision, companionship, assistance, and support required by the person with mental retardation placed under the auspices of my CTH license.
I agree to be an active participant in the development and implementation of the person's Annual Plan and I agree to implement all applicable components of the plan that are identified as my responsibility.
I agree to document and maintain all required records, reports and all documentation regarding the person with mental retardation placed under the auspices of my CTH license.
I agree to maintain a healthy and safe living environment for the person with mental retardation placed under the auspices of my CTH license.
I agree to facilitate the development of and foster the continuation of relationships between the person and his or her family members, friends, and other significant persons.
I agree to respect the civil, legal, and human rights of the person with mental retardation placed under the auspices of my CTH license, and to support the person to exercise those rights.
I agree to respect the confidentiality of individuals placed under the auspices of my CTH license and will adhere to all HIPAA regulations.
I agree that the person with mental retardation placed under the auspices of my CTH license will be treated with respect and dignity and kept free from abuse, neglect, and mistreatment.
I agree to notify regional staff regarding overnight absences, emergency situations, suspected incidents of abuse or neglect, the death of a client, and other serious occurrences as required by CTH Regulations and all applicable department policies and procedures.

- I agree to protect the financial interests and rights of the person with mental retardation placed under the auspices of my CTH license and ensure the person receives their monthly personal allowance and share of earned income as designated on the payment authorization.
- I agree to accept the agreed-upon payment amount as documented on the payment authorization form as full and complete payment and to refund or offset costs with any over-payments at the discretion of the department.
- I understand that being a CTH licensee is not considered employment, and payments made to me as a CTH licensee are not considered income.
- I understand the department has no obligation to place a person with mental retardation under the auspices of my CTH license.
- I understand I have no obligation to accept placement of an individual under the auspices of my CTH license.
- I agree to allow authorized department personnel reasonable access to my home, and to the individuals placed under the auspices of my CTH license.
- I agree that the department has the authority to make decisions regarding the protection and welfare of individuals placed under the auspices of my CTH license.
- I understand the department may remove an individual placed under the auspices of my CTH license, if deemed necessary by the department.

**The Department of Developmental Services agrees to the following:**

- To provide case management and other support services needed by the person with mental retardation to live with the Community Training Home licensee.
- To work with the Community Training Home licensee on all issues that arise regarding the person with mental retardation who shares the home.
- To provide funding to the Community Training Home licensee as identified in the Community Training Home payment authorization.
- To make training opportunities available to the Community Training Home licensee.
- To provide assistance in locating and obtaining the supports and resources needed by the person with mental retardation placed under the auspices of the CTH license.
- To provide assistance in the development and implementation of plans of correction required in obtaining and maintaining a Community Training Home license.
- To make available copies, and inform CTH licensee (s) of all applicable regulations, policies and procedures of the department.

**Effective Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
**CTH Licensee** \_\_\_\_\_  
**Date**

**Signed:** \_\_\_\_\_  
**CTH Co-Licensee** \_\_\_\_\_  
**Date**

**Approved:** \_\_\_\_\_  
**Regional Designee/Title** \_\_\_\_\_  
**Date**