PTS PARKER THERAPEUTIC SERVICES

940 Madison Ave. Suite 203
Baltimore, Maryland, 21201
410.777.8710

# Treatment Plan Acknowledgment & Consents

(Insert First and Last Name of Client Here) | (Insert Treatment Plan Type)

☐ Check this box is the LDSS worker was invited but did not attend.

If any party has not and/or refused to sign, please explain:

*** By Signing below you acknowledge that you have reviewed the corresponding treatment plan.***

| Position | First Name | Last Name | Date | Signature |
|---|---|---|---|---|
| Child Signature | | | | |
| Foster Parent Signature | | | | |
| Foster Parent Signature | | | | |
| Clinical Case Manager Signature | | | | |
| CM Supervisor Signature | | | | |
| Baltimore City Department of Social Services Signature \| | | | | |
| Other Signature | | | | |
| Other Signature | | | | |