

**POSITIVE ALTERNATIVES, INC.**

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Phone: (715) 712-1617  
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E-mail: PAI@Positive-Alternatives.org    Website: www.Positive-Alternatives.org

**Positive Alternatives, Inc. is a United Way Member Agency**

**Lost or Stolen Belongings Agreement**

I understand as a group home resident my child is responsible for all of his/her belongings during their stay at Positive Alternatives, Inc. Positive Alternatives, Inc. is not responsible for any belongs that are lost, stolen, or broken. Positive Alternatives, Inc. will provide a lockbox and a locked closet for all possessions and it is the resident's responsibility to keep their belongings secured.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Resident Signature

**Urine Analysis Consent**

I give permission for Positive Alternatives, Inc. staff to conduct a urine analysis drug screen on my child during his or her placement. I understand that this can be done if staff believes my child has used drugs and has obtained consent to administer a drug screen from both my child and me. I also understand that my child's social worker or the juvenile court system can order a urine analysis without my consent. *(All urine analysis done will be documented in the search log and in an incident report)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Resident Signature

**Non-Prescription Medication Consent**

I give permission for group home staff to provide my child with over the counter medications unless otherwise specified below:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Resident Signature

*Note: Consents will expire at date of discharge or no later than 1 year of authorization. These consents can be revoked at any time.*

\_\_\_\_\_  
Signature: Parent

\_\_\_\_\_  
Date