



AWARE

Agency Enrollment Agreement

Agency: _____

This document shall serve as affirmation for the listed agency/organization and the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the party agrees to the following obligation:

1. **AGENCY** agrees to support the **AWARE** program by facilitating training material to first responders. Training may be facilitated during in-service training by virtue of lecture, videography, and/or hands-on training scenarios.
2. **AGENCY** agrees to facilitate the **AWARE** program free of charge to all individuals upon receipt of a signed Medical Professional Referral form.
3. **AGENCY** agrees to issue **AWARE** emblems strictly and exclusively to consumers/ caregivers for their primary residence and all registered vehicles associated with the consumer/caregiver or used regularly to transport the consumer.
4. **AGENCY** agrees to restrict access of **AWARE** emblems to the general public from areas including, but not limited to a building lobby and common gathering locations.
5. **AGENCY** agrees to retain all Medical Professional Referral forms for all consumers indefinitely.
6. **AGENCY** agrees to promote **AWARE** as a mental health awareness and de-escalation program.
7. **AGENCY** agrees to name a designee/appointee as the point of contact for **AWARE**.

EMPLOYEE/DESIGNEE NAME (PRINTED)

DEPARTMENT HEAD TITLE (PRINTED)

DEPARTMENT HEAD SIGNATURE

DATE