**Purpose of Form**: *The Client Agreement must be completed at enrollment/intake to establish client consent to begin PC-IRU services. Please* ***adapt the form*** *according to your agency’s PC-IRU program and internal policies. You may use agency-established Rights and Responsibilities, Client Confidentiality, and Release of Information policy forms, though a PC-IRU Client Agreement with a description of the PC-IRU program is still required. Two copies of the PC-IRU Client Agreement must be signed, with one copy retained in the case file and another given to the client.*

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PC-IRU Case Number (Alien#): \_\_\_\_\_\_\_\_– \_\_\_\_\_\_\_\_–\_\_\_\_\_\_\_\_\_

PC-IRU Enrollment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected PC-IRU End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
The PC-IRU program operated by [insert agency name] is designed to provide you with initial case management services and linkages to appropriate community resources and social services to help you overcome the barriers you face on the path to integration and self-sufficiency. These services are intended to help you achieve your service goals within 90 days of enrollment. All services will be provided with interpretation as necessary and in a culturally appropriate manner.

**(Insert Rights and Responsibilities of Agency and Client)**  
**(Insert Agency Client Confidentiality Policy)**

**(Insert Agency Release of Information Policy)**

**(Insert Agency Grievances Policy)**

*By signing this form, I agree to enroll and participate in the Preferred Communities program at Catholic Charities. I understand that I have a responsibility to work towards the goals created with the case manager to become self-sufficient. I understand that the estimated time allotted for me in this program is indicated on this form.*

This information was interpreted to me in my language of choice and I have kept a copy for my own records.

OR

I have received a copy of this form translated in my language of choice and have kept it for my own records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Client/ Legal Custodian Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Interpreter Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (PC-IRU Case Manager Signature) (Date)