

SUD Program Admission Attestation

Admission Item
Grievance and Appeal Process explained and brochure with form and envelope offered.
Provider Directory explained and provided.
Community Resource List explained and provided. (e.g. different levels of care, medical, dental, mental health, social services and where to apply for State, Federal, or county entitlement programs)
Voter Registration material offered to client at intake or change of address.
Primary Counselor & Case Manager names and contact information provided to the client. Primary Counselor Name: _____ Care Coordinator (LPHA) Name: _____
Orientation on Program , including expectations of clients and staff, provided to client within 72 hours of admission.
MAT Education resources explained and provided.

I, _____, *have been personally advised about and offered copies of the items listed above.*
(Client's Full Name)

(Client's Signature)

(Date)