

Blair County Drug and Alcohol
Grievance/Treatment Limitations/Interim Services/Client Choice Notification Form

The following form is to be completed at time of assessment.

Grievance and Appeal Policy Notification

The provider of treatment services provided a copy of the Grievance and Appeals Policy to me. The treatment provider discussed this process with me.

_____ Client's Initials

Interim Services Notification

The provider of treatment services presented to me a copy of the Interim Services Brochure. At the time of assessment, the treatment provider discussed and offered to make appropriate referrals to these community resources.

_____ Client's Initials

Treatment Limitation Notification

The provider presented me with a copy of the Blair County Drug and Alcohol Services brochure that informed me of the limitations of public funded treatment services in the Blair County community. I have been made aware that these limitations do not apply to priority populations as defined by the most current CMCS manual.

_____ Client's Initials

Client Choice Notification

The provider has presented and discussed with me the network of providers for the level of care I have been assessed as needing. The provider provided me the opportunity to choose the provider of my choice and to make arrangements for admission to this provider.

_____ Client's Initials

_____ Date

_____ Client Name Printed