

Hawaii Access To Recovery (ATR) Project

Client Intake Interview Form

The ATR Project was explained to me. _____

The ATR relationship with referral agencies and service providers was explained to me. _____

The option for Faith Based and Culture Based recovery support was explained to me. _____

I have free choice in selecting my treatment and recovery service provider. _____

I understand ATR services are paid by electronic voucher, rather than cash to me. _____

I agree to have regular contact with the Recovery Support Services Unit (RSS Unit), for GPRA compliance. _____

If I fail to comply with the regular contact for GPRA reporting, my eligibility may end. _____

The code word I choose that can verify my identity to someone over the phone if I am off Island when my GPRA is due is: _____.

I am aware that I will be offered free choice of recovery support providers to assist me with my recovery needs once services are authorized. _____

I will select the providers I prefer for my Service Plan from among the services that will benefit me in my recovery. _____

The following are critical team members for my treatment and recovery:

Child Welfare Services _____

Probation & Parole _____

Judge _____

Individual or Family Therapist _____

Previous Assessment Services _____

Family Doctor _____

Minister _____

Other _____

By initialing after the above statements, I agree that I understand each statement.

By signing below, I agree that I have selected providers whose faith is not objectionable to me. I have not been encouraged or threatened into attending any denomination, service, or faith as part of ATR eligibility.

Client Signature: _____ Date: _____

Legal Guardian: _____ Date: _____

Interviewer Signature: _____ Date: _____