

Hawaii Access To Recovery (ATR Ohana) Enrollment Checklist

The ATR Ohana Project was explained to me. _____

The ATR Ohana 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 Ohana services are paid by electronic voucher, rather than cash to me. _____

I agree to have regular contact with the treatment and recovery support services providers for GPRA compliance. _____

If I fail to comply with the regular contact for GPRA reporting, my services may not be funded. _____

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 treatment and 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 Ohana eligibility.

Client Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Legal Guardian (if needed): _____ Date: _____

Authority of Legal Guardian: _____