

**SUD Program Admission Checklist**

Admission Item	Date
<b>Admission Agreement/Consent For Treatment</b> reviewed and signed on	
<b>Notice of Privacy Practices/HIPAA</b> reviewed and provided on	
<b>42 CFR Written Summary Requirements</b> reviewed and signed on	
<b>Grievance and Appeal Process</b> explained and brochure with form and envelope offered on	
<b>Client Rights</b> explained on	
<b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook</b> explained and offered on	
<b>Provider Directory</b> explained and provided on	
<b>Community Resource List</b> explained and provided on (e.g. different levels of care, medical, dental, mental health, social services and where to apply for State, Federal, or county entitlement programs)	
<b>Language/Interpretation Service</b> availability reviewed and offered on (if applicable)	
<b>Voter Registration</b> material offered to client at intake or change of address on	
<b>Primary Counselor</b> name and contact information provided to the client on	
<b>Case Manager</b> name and contact information provided to the client on	

\_\_\_\_\_  
(Counselor's Printed Name)

\_\_\_\_\_  
(Counselor's Signature)

\_\_\_\_\_  
(Date)