

Title 22 Fair Hearing Rights

REQUIRED FORM:

This form is a required document in the client file for Drug Medi-Cal providers only

WHEN:

Completed at Screening/Intake Admission

COMPLETED BY:

Authorized agency representative and client

REQUIRED ELEMENTS:

- **Print Client's Name:** Print client's full name and client shall have a copy of this document.
- **Client's Signature and Date:** Client must sign and date when reviewed.
- **Staff Signature and Date:** The staff reviewing this form with client will sign and date.