Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named individual has been presented with information regarding the following areas and has been given the opportunity to ask questions and discuss these items as needed.

|  |  |
| --- | --- |
| **AREA** | **DATE DISCUSSED / HANDOUT PROVIDED** |
| **Handout – Sanilac CMH Welcome Letter** |  |
| **Discussion – Admission Criteria (Locus/CAFAS)** |  |
| **Discussion – Provider Choice**  |  |
| **Discussion – Individual Treatment/Service choice**  |  |
| **Discussion – Access to Crisis Services** |  |
| **Discussion- Importance of Guardian involvement in treatment processes and decisions**  |  |
| **Handout - Discharge Criteria (DC1028)** |  |
| **Handout – “Your Rights When Receiving Mental Health Services in Michigan” and****Handout - Individual Rights & Responsibilities (Form #0223)** |  |
| **Discussion - Fee Scale for Services (Posted in lobby)** |  |
| **Handout – Infectious Disease (BA006, pages 29 and 30)** |  |
| **Brochure – “The Family Planning Program** |  |
| **Brochure – Choices: Information on Person Centered Planning** |  |
| **Handout - Psychotropic Medications Policy (BC023)** |  |
| **Handout - Weapons and Illegal Substances (BA163)** |  |
| **Brochure - Privacy Notice** |  |
| **Handout - Restraint, Seclusion & Physical Management-(RR017)** |  |
| **Discussion - Role of Primary Staff** |  |
| **Brochure - Self Determination** |  |
| **Tour of facility noting emergency exits & shelter, fire suppression equipment and First Aid kits (Handouts – Maps of buildings)** |  |
| **Handout – State of Michigan Voter Registration Application (Form #0344)** |  |
| **Handout – Service Guide for the Community and the Individuals We Serve** |  |
| **Handout - Information on Advance Directives for Mental Health Care**  |  |
| **Brochure –Know Your Rights” (For Substance Abuse)** |  |
| **Handout- Confidentiality of Individual’s Alcohol and Drug Abuse Information (Form #0393)** |  |
| **Brochure- Accessing Public Mental Health and Substance Use Disorder Services** |  |
| **Handout- Knowing your rights when it comes to court order treatment**  |  |
| **Brochure- Person Centered Planning Facilitator** |  |
| **Brochure - Peer Support** |  |
| **Brochure - Substance Use Disorders & Your Health** |  |
| **Brochure - M-TREM** |  |
| **Brochure - TREM** |  |
| **Brochure - Veteran’s Navigator Services** |  |
| **Discussion - Tobacco Self-Assessment** |  |
| **Brochure - InSHAPE** |  |
| **Handout – Hepatitis A CDC Informational Flyer** |  |
| **Brochure – Behavioral Health Mediation Services Program** |  |
| **THE FOLLOWING FORMS ARE TYPICALLY PROVIDED BY THE ACCESS DEPARTMENT:** |  |
| **Region 10 Welcome Letter** |  |
| **County or Coordinating Agency Brochure** |  |
| **Medicaid / Non-Medicaid Adequate Notice Form** |  |
| **Medicaid Request for Hearing Form** |  |
| **Education regarding Care Connect 360 review/usage** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date Signature of Person Receiving Date