



**CLIENT CHOICE - INDIANA ACCESS TO RECOVERY (ATR) –
VANDERBURGH COUNTY**

State Form 54823 (R5 / 9-13)



I _____, IDOC number _____ understand that Indiana Access to Recovery
(Enter name of client) (If applicable)

is a voluntary program and that my participation in the program is because I want to recover from my addictions. I understand that there are a number of providers qualified to provide many services that I may require during my participation in the ATR program. I also understand that I may choose the providers that provide services to me while I participate in the program. I understand that the following providers are ready to provide Indiana ATR clients with Recovery Consultation.

Name and Address of Recovery Consultant Agency	Telephone number	Fax number
Evansville Goodwill Industries (Not currently accepting clients.) 500 South Green River Road, Suite 2, Evansville, IN 47715	812-474-2222	812-962-1622
Maglinger Behavioral Health 1133 Lincoln Avenue, Suite 201, Evansville, IN 47714	812-303-0212	812-303-0380
University of Southern Indiana 8600 University Boulevard, Evansville, IN 47712	812-455-6197	812-465-1116

From the above list I have selected _____ to provide this service.
(Enter name of recovery consultant agency)

No one has exerted pressure on me to select this particular provider and I am confident that this provider is best suited to meet my needs for recovery consultation. I understand that if I find that this provider does not meet my needs, I may select another provider to replace this provider at any time. I understand that _____
(Enter name of recovery consultant agency)

may not be willing or have the ability to provide recovery consultation to me at this time, in which case I will need to select a different provider.

I authorize the referral agency to release my information to help the Recovery Consultant contact me:

Name of referral agency

Name of referral agent

Telephone number

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I understand that the Recovery Consultant will need to contact me.

I authorize my chosen Recovery Consultant to contact me by contacting me at the following:

Address (number and street, city, state, and ZIP code)

Home telephone number

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Cellular or Mobile telephone number

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Work telephone number

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Signature of client

Date (month, day, year)