



**CLIENT CONSENT TO PARTICIPATE
INDIANA ACCESS TO RECOVERY (ATR)**

State Form 54920 (2-12)



1. Name of ATR client	Social Security number	Date (month, day, year)
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2. Have you ever received ATR services anywhere in the state of Indiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a problem with abusing alcohol or other drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you under age 18 or is someone else legally responsible for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you entering this program because you want to actively participate in recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did anyone tell you that you had to enter the ATR program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you want to actively work to recover from substance abuse or addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What is or was your most recent permanent address? Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What county is that in?	
10. How many family members live in your household?	
11. What is your annual household income? (Please include all income sources, i.e. personal income of all people in household, disability, unemployment, etc.)	\$
12. Have you used Methamphetamine in the last ninety (90) days? Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you signed an approved diversion agreement with in the last forty-five (45) days? Copy of diversion court agreement provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Will you be released from a correctional facility in the next six (6) months? Client Earliest Projected Release Date (EPRD) (month, day, year): _____ Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you been released from a correctional facility in the last thirty (30) days or are you currently involved with the criminal justice system? Type of criminal justice involvement: _____ Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. (If client is a woman) Are you pregnant? Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. (If client is a woman) Do you have dependent children? Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you now or have you ever served in the military? Verification (please list and attach): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalty of perjury, I affirm that the information in this "Client Consent to Participate" form is correct.

Signature of client	Date (month, day, year)
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I recognize that I am responsible for my recovery and I will do everything in my power to recover from my substance abuse or addiction, and will do everything in my power to assist those individuals that agree to help me as I recover from my substance abuse or addiction.

Signature of client	Date (month, day, year)
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Under penalty of perjury, I affirm that the information in this "Client Consent to Participate" and verification provided is accurate and truthful to the best of my knowledge. I further affirm that the interpretation of the information provided for purposes of determining eligibility is accurate to the best of my knowledge.

Signature of recovery consultant	Date (month, day, year)
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**SCREENING CRITERIA FOR
CLIENT CONSENT TO PARTICIPATE
INDIANA ACCESS TO RECOVERY (ATR)**

Part of State Form 54920 (2-12)



Question 2. If answer is yes, please call state office prior to completing the intake. *Answer to question number 2 has no bearing on eligibility.*

Question 3. Answer must be yes for client to qualify for Indiana Access to Recovery.

Question 4. Answer must be no for client to qualify for Indiana Access to Recovery.

Question 5. Answer must be yes for client to qualify for Indiana Access to Recovery.

Question 6. Answer must be no for client to qualify for Indiana Access to Recovery.

Question 7. Answer must be yes for client to qualify for Indiana Access to Recovery.

Question 8. Client must provide a permanent address that is verifiable by a government issued photo ID. I.E. drivers license, Indiana ID card, passport, etc. Must have the client's photo, their identifying data, and the physical address of their permanent residence. The address cannot be for a treatment facility, criminal justice facility of any kind, or halfway house.

Question 9. Client must live in one of the following ten counties to qualify for Indiana Access to Recovery under the categories of methamphetamine user, criminal diversion program, or women who are pregnant or have dependent children:

Allen, Clark, Elkhart, Floyd, Johnson, Lake, Marion, Monroe, St. Joseph, Vanderburgh, Vigo

****Military service members can reside anywhere in the state of Indiana and qualify for Indiana Access to Recovery.****

Questions 10-11. Household income is determined as all sources of income in the household including, all persons in the household's personal income from wages, disability, unemployment, etc. You will use the chart below and answers to question 10 and 11 to determine if the client meets financial eligibility guidelines. Military service members are eligible if their income is under 500% of the poverty line; all other clients are eligible if their income is under 200% of the poverty line.

Questions 12-18. Must answer yes to at least one of these complete with at least one form of verification from the below list to qualify for Indiana Access to Recovery.

- **Methamphetamine use** – Records Stipulating Methamphetamine Abuse from: Physician, Court, Military, Prior substance abuse treatment, Licensed Addictions Counselor, CJ Therapeutic Community, Employee Assistance Program, or Department of Child Services. Records must show that this is within the last ninety (90).
- **Military Service members** – Military ID or discharge papers. The type of discharge has no bearing on eligibility.
- **Women who are pregnant or have dependent children** – Proof of pregnancy from a medical professional, any government issued proof of child's birth i.e. birth certificate, Department of Child Services Records listing child's date of birth, etc.
- **Criminal Justice involvement** – Copy of diversion agreement (drug court acceptance) signed in last forty-five (45) days, release papers verifying client has been released in last thirty (30) days or will be released in the next six (6) months or letter from criminal justice entity verifying current involvement in criminal justice system post conviction and sentencing.

Client must sign both affirmations to be eligible to participate in Indiana Access to Recovery.

Please attach all verification to client consent to participate.

Persons per Household	200% Poverty	500% Poverty
1	\$22,340	\$55,850
2	\$30,260	\$75,650
3	\$38,180	\$95,450
4	\$46,100	\$115,250
5	\$54,020	\$135,050
6	\$61,940	\$154,850
7	\$69,860	\$174,650
8	\$77,780	\$194,450
+ each additional person	+ \$7,920	+ \$19,800