



CLIENT CONSENT TO PARTICIPATE FOR CONNECT TO CARE INDIANA ACCESS TO RECOVERY (ATR)

State Form 54976 (R / 7-12)



Name of client	Social Security number	Date (month, day, year)
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1. What primary care clinic referred you to Connect to Care?	
2. Have you ever received ATR services anywhere in the state of Indiana?	☐ Yes ☐ No
3. Are you under age eighteen (18)?	☐ Yes ☐ No
4. Did anyone tell you that you had to enter the ATR program?	☐ Yes ☐ No
5. Men: Has there been a time in the last twelve (12) months when you had five (5) or more drinks <u>in a day</u> ? Women: Has there been a time in the last twelve (12) months when you had four (4) or more drinks <u>in a day</u> ?	☐ Yes ☐ No
6. Has there been a time in the last twelve (12) months when you used an illegal drug or used a prescription drug for nonmedical reasons?	☐ Yes ☐ No
7. What is or was your most recent permanent address? Verification (please list and attach): _____	☐ Yes ☐ No
8. What county is that in?	
9. How many family members live in your household?	
10. What is your annual household income? (Please include all income sources, i.e. personal income of all people in household, disability, unemployment, etc.)	\$
11. Have you used Methamphetamine in the last ninety (90) days?	☐ Yes ☐ No
12. Are you currently involved in the criminal justice system (diversion, forty-five (45) day release, etc.)? Type of criminal justice involvement: _____	☐ Yes ☐ No
13. (If client is a woman) Are you pregnant?	☐ Yes ☐ No
14. (If client is a woman) Do you have dependent children?	☐ Yes ☐ No
15. Are you now or have you ever served in the military?	☐ Yes ☐ No

Under penalty of perjury, I affirm that the information in this "Client Consent to Participate for Connect to Care" form is correct.	
Signature of client	Date (month, day, year)

Under penalty of perjury, I affirm that the information in this "Client Consent to Participate for Connect to Care" 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)



SCREENING CRITERIA FOR CLIENT CONSENT TO PARTICIPATE FOR CONNECT TO CARE INDIANA ACCESS TO RECOVERY (ATR)

Part of State Form 54976 (R / 7-12)



Question 1. Notify the State office if the primary care clinic specified is not noted on the intake screen in WITS.

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 no for client to qualify for Indiana Access to Recovery (unless client is legally emancipated).

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

Question 5. If the answer is yes, complete the Audit. A score of eight (8) or more is positive. Answer to 5 or 6 must be positive for client to qualify for Indiana Access to Recovery.

Question 6. Answer to 5 or 6 must be positive for client to qualify for Indiana Access to Recovery.

Question 7. Client must provide a permanent address that is verifiable by an official document (i.e. driver's license, identification card, utility bill, etc.). The address cannot be for a treatment facility, criminal justice facility of any kind, or halfway house.

Question 8. Client must live in one of the following eleven (11) counties to qualify for Indiana Access to Recovery:

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 9-10. 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 9 and 10 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 11-15. These are information gathering questions. Please make note if the client is part of any of these populations:

- **Methamphetamine use**
- **Military Service members**
- **Women who are pregnant or have dependent children**
- **Criminal Justice involvement**

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	\$21,660	\$54,150
2	\$29,140	\$72,850
3	\$36,620	\$91,550
4	\$44,100	\$110,250
5	\$51,580	\$128,950
6	\$59,060	\$147,650
7	\$66,540	\$166,350
8	\$74,020	\$185,050
+ each additional person	+ \$7,480	+ \$18,700