**PC 1000 Program Orientation Checklist**

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| **Track** | **Orientation Item**  | **Date**  |
| **Education and Treatment** | **Orientation Agreement** reviewed and signed on  |  |
| **42 CFR Written Summary Requirements** reviewed and signed on  |  |
| **Grounds for Dismissal** reviewed and provided on |  |
| **Grievance and Appeal Process** explained and brochure with form and envelope offered on  |  |
| **Client Rights** explained on |  |
| **DMC-ODS Beneficiary Handbook** explained and offered on  |  |
| **Provider Directory** explained and provided on  |  |
| **Community Resource List** explained and provided on (e.g. different levels of care, medical, dental, mental health, social services and where to apply for State, Federal, or County entitlement programs)  |  |
| **Language/Interpretation Service** reviewed and offered on (if applicable)  |  |
| **Voter Registration** offered or change of address  |  |
| **Education** | **Financial Assessment** reviewed and signed on |  |
| **Payment Schedule** reviewed on |  |
| **Treatment** | **Consent for Treatment** reviewed and signed on |  |
| **Notice of Privacy Practices/HIPAA** reviewed and provided on |  |
| **Primary Counselor** name and contact information provided to the client on |  |
| **Case Manager** name and contact information provided to the client on |  |

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