



California Access to Recovery Effort

(CARE)

Revised 3-09

POST INTAKE NOTIFICATION OF METHAMPHETAMINE CLIENT

Client ID: _____ Admission Date: _____

The client referenced above was not identified upon intake, but has now been identified, as meeting the methamphetamine client criteria as described below (check one):

_____ The client used methamphetamine in the last 90 days prior to intake and is receiving services specifically related to his/her methamphetamine use; OR

_____ The client was in a restricted setting* prior to entry into treatment and he/she used methamphetamine in the 90 days prior to entry into the restricted setting and is now receiving services specifically related to his/her methamphetamine use.

(* A restricted setting means jail, juvenile hall, probation camp, prison, or other lock-down setting.)

1. Our program identified the client's classification as a methamphetamine client by:

_____ A drug test

_____ Client disclosure

_____ Information from law enforcement

_____ Other (describe): _____

2. As of the date this form was faxed to ADP (_____/_____/_____), we had billed \$_____ in the VMS on the client's non-meth voucher.

Program Name: _____ Provider # _____

Contact: _____ Date: _____

**PLEASE SUBMIT COMPLETED FORM TO
BARRY SCHEEL, ADP, VIA FAX AT (916) 324-4886**