



# California Access to Recovery Effort

(CARE)

Revised 12\_08

## PROVIDER CHOICE VERIFICATION

Client Name: \_\_\_\_\_ ID No: \_\_\_\_\_

### Assessment Provider Certification:

Based on the assessment of the client's needs (a copy of which is in the client's file) and my clinical judgment, I recommend the following voucher(s) be issued to the client referenced above:

- Outpatient treatment     
  Methamphetamine Treatment     
  Residential treatment (age: \_\_\_)  
 Recovery support     
  Residential recovery support

I certify that I made available to the client the CARE Provider Directory, either in hard copy or by viewing it online. I encouraged the client to make multiple provider choices based on need, location, and personal preference, and explained to him/her the types of services the providers offer, hours of operation, setting, whether they are faith-based, participant requirements, and other information to help the client make an informed choice. We narrowed down the choices to the programs shown below (which includes at least two providers not limited to multiple locations of the same organization, and at least one to which the client has no religious objection). The client selected the provider(s) checked:

✓	<b>Treatment Provider Options</b>
✓	<b>Recovery Support Provider Options</b>

### Client Certification:

I was given a copy of the CARE Client Handbook and I understand that I have a right to make a genuine free choice of where I receive my CARE services. I certify (agree) that the assessor made available to me the CARE Provider Directory from which to choose my service provider, gave me information about the providers to help me choose, and I selected the provider(s) that is checked above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date