

Name of Program
Program Address
Phone: Fax:

SAMPLE
(Optional Form)

ORIENTATION FORM
Signature Page

Client Name _____ Cause Number _____

Eligibility
Goals of Program Services
Hours of Operation
Fee Schedule
Financial Arrangements
Program Rules of Conduct
Program Grievance Procedure
Client Rights
Confidentiality Statement

(Make sure all items that are covered in the orientation materials are listed on this form)

My signature attests to the fact that I have been given a copy of the orientation materials for the Lincoln Superior Court Alcohol and Drug Program. I have read and understand them. If I have further questions regarding any of the information listed in the orientation materials, I will ask a staff member.

Client Signature

Date

Staff Signature

Date