



INFORMED CONSENT

State Form 46494 (3-94)

Department of Correction
Substance Abuse Program

Facility

I have been informed of the activities involved in the Substance Abuse Program. Treatment Methods, Basic Goals and Tentative Schedules have been explained to me. I understand my rights to be a Substance Abuse Program participant and give my informed consent to receive services offered by the

_____ Substance Abuse Treatment Program.

Signature of client / offender

Date signed (*month, day, year*)

Signature of witness