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| **Area** | **Date Discussed/**  **Handout Provided** | **Area** | **Date Discussed/**  **Handout Provided** |
| Handout – Sanilac CMH Welcome Letter |  | Discussion – Admission Criteria (Locus/CAFAS) |  |
| Discussion – Provider Choice |  | Discussion – Individual Treatment/Service choice |  |
| Discussion – Access to Crisis Services |  | Discussion- Importance of Guardian involvement in treatment processes and decisions |  |
| Handout - Discharge Criteria (DC1028) |  | Handout – “Your Rights When Receiving Mental Health Services in Michigan” and  Handout - Individual Rights & Responsibilities (Form #0223) |  |
| Discussion - Fee Scale for Services (Posted in lobby) |  | Handout – Infectious Disease (BA006, pages 29 and 30) |  |
| Brochure – “The Family Planning Program” |  | Brochure – Choices: Information on Person Centered Planning |  |
| Handout - Psychotropic Medications Policy (BC023) |  | Handout - Weapons and Illegal Substances (BA163) |  |
| Brochure - Privacy Notice |  | Handout - Restraint, Seclusion & Physical Management-(RR017) |  |
| Discussion - Role of Primary Staff |  | Brochure - Self Determination |  |
| Tour of facility noting emergency exits & shelter, fire suppression equipment and First Aid kits (Handouts – Maps of buildings) |  | Handout – State of Michigan Voter Registration Application (Form #0344) |  |
| Handout – Service Guide for the Community and the Individuals We Serve |  | Handout - Information on Advance Directives for Mental Health Care |  |
| Brochure –Know Your Rights” (For Substance Abuse) |  | Handout- Confidentiality of Individual’s Alcohol and Drug Abuse Information (Form #0393 |  |
| Brochure- Accessing Public Mental Health and Substance Use Disorder Services |  | Handout- Knowing your rights when it comes to court order treatment |  |
| Brochure- Person Centered Planning Facilitator |  | Brochure- Peer Support |  |
| Brochure – Substance Use Disorders and Your Health |  | Brochure - TREM |  |
| Brochure - M-TREM |  | Brochure - Veteran’s Navigator Services |  |
| Discussion - Tobacco Self-Assessment |  | Brochure – InSHAPE |  |
| Handout – Hepatitis A CDC Informational Flyer |  | Brochure – Behavioral Health Mediation Services Program |  |
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| THE FOLLOWING FORMS ARE TYPICALLY PROVIDED BY THE ACCESS DEPARTMENT: | | | |
| Region 10 Welcome Letter |  | County or Coordinating Agency Brochure |  |
| Medicaid / Non-Medicaid Adequate Notice Form |  | Medicaid Request for Hearing Form |  |
| Education regarding Care Connect 360 review/usage |  |  |  |
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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named individual has been presented with information regarding the following areas and has been given opportunity to ask questions and discuss these items as needed.

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Staff Signature Date Signature of Person Receiving Date