York/Adams Drug and Alcohol Programs

Faith Based Disclosure Form

I_____, understand that this agency is a drug and alcohol program that combines a professional therapeutic program with a faith-based perspective/emphasis on spirituality. York/Adams Drug and Alcohol Program is considering assisting me in paying for treatment at this facility. I am choosing to request admission into this program.

In addition, I understand that if I object to the religious character of this organization, Federal law gives me the right for a referral to another treatment provider of substance abuse services. I have the right to make this request by telephoning the York/Adams Drug and Alcohol Program Case Management Supervisor at 717-840-4207.

_____	_____
Client Signature	**Witness**
_____	_____
Date	**Date**
_____	_____
D&A Facility Making Request	**Witness Phone Number**

9/08 jls