

**YORK/ADAMS DRUG & ALCOHOL COMMISSION**

**Charitable Choice Disclosure Form**

I \_\_\_\_\_, understand that this organization (please list facility name) \_\_\_\_\_ is a drug and alcohol program that identifies as a religious organization or professes religious beliefs as part of the drug and alcohol services they provide. The York/Adams Drug and Alcohol Commission are considering assisting me in paying for treatment at this facility. I am choosing to request admission into this program.

I understand that no provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against me on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

I understand that if I object to the religious character of this organization, Federal law gives me the right to a referral to another provider of substance abuse services. I have the right to make this request by telephoning the York/Adams Drug and Alcohol Commission Case Management Supervisor at 717-771-9222. I understand that the referral, and my receipt of alternative services, must occur within a reasonable period of time after I request them. I understand that the alternative provider must be accessible to me and have the capacity to provide substance abuse services. I also understand that the services provided to me by the alternative provider must be of a value not less than the value of the services I would have received from this organization.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Drug & Alcohol Facility Name**  
*(name of facility making referral)*

\_\_\_\_\_  
**Facility Phone Number**