

# YORK/ADAMS DRUG & ALCOHOL COMMISSION

## METHADONE MAINTENANCE TREATMENT AGREEMENT

This agreement is between the funding agency, the York/Adams Single County Authority, and the client, \_\_\_\_\_ SS#\_\_\_\_\_. It will be in effect from the date of signature through completion/suspension of treatment.

The following is a list of terms for this Agreement:

1. The client agrees to attend the   Methadone Maintenance Program   (*treatment type*) at \_\_\_\_\_ (*facility name*). While there the client agrees to follow all facility rules. Failure to do so will result in termination from \_\_\_\_\_ (*facility name*) and loss of eligibility for York/Adams Drug & Alcohol funding.
2. The client agrees to attend all appointments arranged by \_\_\_\_\_ (*facility name*) and to follow through with all recommendations.
3. The client must agree to all terms of this treatment agreement to receive any funding through the York/Adams Drug & Alcohol Commission. I understand that I will be eligible for SCA funding for methadone maintenance treatment for a maximum of three (3) years.
4. The client must agree to report any change in income.
5. The client must agree to apply for Medical Assistance (MA) when accepted into the program. The SCA will pay for a maximum of the first 30 days, while the MA application is being processed.

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is voluntary. The purpose of the request for your Social Security Number is for identity verification.*

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Received Copy: \_\_\_\_\_

Refused Copy: \_\_\_\_\_

\*Client Initials