



**CONSENT TO PARTICIPATE**

I, \_\_\_\_\_, \_\_\_\_\_, agree to participate in the Connecticut  
(Print Name) (Date of Birth)  
Access to Recovery II (ATR II) Program.

I understand and agree to the following components of this federally funded program:

- Services provided under this grant are strictly voluntary
- I have choice regarding all of my service providers
- Service providers are required to interview me and ask me questions based on the federal law: Government Performance and Results Act (GPRA) at the following three (3) intervals:
  - Intake
  - Six months post intake
  - Discharge
- A \$20.00 gift certificate will be available for the six month follow up interview
- In the event that an ATR provider cannot locate me in order to complete a GPRA interview, I agree to allow ATR providers and/or Advanced Behavioral Health (ABH) to contact the individuals listed on my contact page in order to confirm my whereabouts. The provider and/or ABH will then contact me to conduct an interview with me. I understand that no confidential information will be provided to persons on the contact page unless I have authorized it through a consent of authorization document.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

***THIS PAGE MUST BE FAXED TO ABH***