

LANCASTER SCA SCHOLARSHIP

Agreement to Participate in Case Management Services

Recovery House Scholarship Program
Funded by Lancaster County D&A Commission (LCDAC)

This document **MUST** be completed and submitted to LCDAC **BEFORE** participants transition to a recovery house from:

1. An inpatient SUD treatment facility
2. From a County Correctional facility

I, _____, understand that I **MUST** be willing to engage in Case Management Services with an LCDAC funded Case Manager embedded in a local outpatient clinic and work with this Case Manager to create a unique Recovery Plan and they will assist me with any non-treatment needs that I may have. I understand that this stipulation does **NOT** require me to enter SUD **treatment**.

I further understand that I have been approved for this scholarship on a **provisional basis** for fourteen (14) nights, and **I have 14 days to meet with my Case Manager at the outpatient clinic to finish the application process and to sign all documents.**

When I have completed the application process with my Case Manager, the scholarship will be extended forty-six (46) nights, to complete the typical 60-night authorized scholarship.

I also agree to sign a consent to release information form that will allow LCDAC to contact my Case Manager to ensure compliance with this requirement.

I understand that if I do not contact my Case Manager **once every two weeks (14 days) either in-person or by phone**, nor work towards my goals as outlined in my Recovery Plan, this scholarship may be rescinded by LCDAC.

I understand that I currently have an appointment to meet with:

- Name of the Case Manager _____
- Date of the Appointment _____
- Location of the Appointment _____

Participant's full name: _____

Participant's signature: _____

Date: _____

I have received a copy of this form.