



Choice of Provider

Date: _____

Client Name: _____

Case # _____

Outpatient Therapy: _____ Not Applicable

Case Management: _____ Not Applicable

Assertive Community Treatment: _____ Not Applicable

Outpatient Psychiatric Services: _____ Not Applicable

Other: _____

Other: _____

Other: _____

I attest that I have been given a choice of provider for services.

Client/Guardian

Date: _____