

## Treatment and Recovery Support Client

### Fraud, Waste and Abuse Agreement



*This form must be filled out by any client who resides in Iowa and wishes to receive services from either Iowa Access to Recovery (ATR) or Great Plains Tribal Chairmen's Health Board (GPTCHB) Access to Recovery (ATR).*

*By signing below, I am acknowledging that I and/or family member have requested to become a client of IA/ATR or GPTCHB/ ATR. I understand that it is mandated that I/we do not use both entities for services and that doing so could result in termination of our services with one or both organizations. I understand that I/we can get services from either program as long as we do not enroll in both ATR programs.*

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*Name (Printed)*

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*Signature (Please have parent/guardian sign if client is a minor.)*

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*Date*

*Thank You for your cooperation on this sensitive matter.*

*Respectfully,*

*Kevin Gabbert, LISW, IAADC  
ATR Project Director  
Iowa Department of Public Health*

*Stardust Red Bow, CSW-PIP, QMHP  
GPATR Project Director  
Great Plains Tribal Chairmen's Health Board*