

OST/GPTCHB-ATR Client Fraud, Waste, and Abuse Agreement

*Treatment and Recovery Support Client
Fraud, Waste and Abuse Agreement*

This form must be filled out by any client who wishes to receive services from both Oglala Sioux Tribe (OST) Access to Recovery (ATR) and Great Plains Tribal Chairman'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 OST/ATR **and** GPTCHB/ ATR. I understand that it is mandated that I/we do not use both entities for the **same service at the same time** 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 both programs as long as the same services are not being provided by both ATR programs at the same. I further understand that this is a requirement to become a client of both organizations.*

Provider/ Recovery Support Name

Authorized Signature

Date

Thank You for your cooperation on this sensitive matter.

Respectfully,

*Trina Janis
ATR Project Director
Oglala Sioux Tribe*

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