



**VMS REQUEST**

**Client ID #** \_\_\_\_\_  
 (for office use only)

**Demographics:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Gender: Female \_\_\_\_ Male \_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Veteran: Yes \_\_\_\_ No \_\_\_\_  
 Race: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 Enrollment Number: \_\_\_\_\_

**ATR Screening Summary:**

AUDIT: Score \_\_\_\_\_ DAST Drug Use: Score \_\_\_\_\_ HONC: Yes \_\_\_\_ No \_\_\_\_  
 WAST: Score \_\_\_\_\_ PHQ-9: Score \_\_\_\_\_

**Client Acceptance of Services and Voucher Request:**

Now that you have been informed about the various kinds of services available through Great Plains Tribal Chairmen’s Health Board Access to Recovery, please indicate whether you choose to accept or decline service types in GPATR. You have a total of \$470 to allot to services.

**CLINICAL**

**ACCEPT / DECLINE** (circle one)

(Note: you must have a current assessment completed within the past 2 months to be funded for clinical treatment. You can use the GPATR program for funding a current assessment if you don’t already have one.)

Clinical Service	Provider	\$ Amount or # of Sessions
1.	1.	1.
2.	2.	2.

**RECOVERY SUPPORT (RSS)**

**ACCEPT / DECLINE** (circle one)

Recovery Support Service	Provider	\$ Amount or # of Sessions
1. Care Coordination	1.	1. (up to \$140 or 7 hrs)
2.	2.	2.
3.	3.	3.

My signature on this form verifies that I was given free choice among different providers, including faith-based services, traditional tribal cultural services, non-tribal services and non-faith based services. I understand that I have the right to accept or decline any services.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Screened By: \_\_\_\_\_

Date: \_\_\_\_\_