



**DISC Village, Inc.**  
**Client Orientation**  
**Checklist**  
**(Adult Civil Citation)**

**Client's Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**Assigned Primary Counselor/Case Manager Responsible For Coordination Of Services:**

By checking the items below, the person served and the Counselor/Case Manager or other staff member certify that these items have been discussed and understood. **If any listed item is not applicable, simply indicate by writing "NA" in the blank space.**

**1. Program Goals and Services**

- a. Program Overview and Services \_\_\_\_\_
- b. Expectations \_\_\_\_\_
- c. Hours of Operation \_\_\_\_\_
- d. Access To After-Hours Services \_\_\_\_\_
- e. Code of Ethics \_\_\_\_\_
- f. Confidentiality policy \_\_\_\_\_
- g. Requirements for follow-up, regardless of discharge outcome \_\_\_\_\_
- h. Quality of Life Surveys, Satisfaction and Follow-Up Surveys \_\_\_\_\_

**2. Consent Packet**

- a. Informed Consent for Services \_\_\_\_\_
- b. Your Rights as a Client \_\_\_\_\_
- c. Client Responsibilities \_\_\_\_\_
- d. Client Grievance Procedures \_\_\_\_\_
- e. Privacy Practices Acknowledgement \_\_\_\_\_
- f. Service Fees Description \_\_\_\_\_
- g. Alcohol/Drug Testing Consent \_\_\_\_\_
- h. DISC Village Follow Up Consent \_\_\_\_\_
- i. State of Florida Follow Up Consent \_\_\_\_\_
- j. Program Rules Acknowledgement \_\_\_\_\_

**3. Review of Treatment Process**

- a. Description of Assessment Process \_\_\_\_\_
- b. Development of Individual Treatment Plan *[Including participation of parent/guardian, if applicable]* \_\_\_\_\_
- c. Recommendations vs. Sanctions \_\_\_\_\_

**4. Discharge Criteria**

- a. Successful/Unsuccessful Completion Criteria \_\_\_\_\_

**5. Program Rules Additional Client Rights Info**

- a. Abuse Reporting *(Telephone # 1-800-96-ABUSE)* \_\_\_\_\_

**6. Program Safety**

- a. Facility Layout; Accessible & Non-Accessible Areas \_\_\_\_\_
- b. Emergency Exits, Fire Extinguishers & First Aid Kits \_\_\_\_\_

**7. Use of Emergency Intervention Procedures**

Notes: \_\_\_\_\_

Client Signature

Date

Staff Signature

Date