

Receipt of Client Handbook Acknowledgement

By signing below, I am acknowledging that I received a **Client Handbook** which I was oriented to and includes information about:

- Services offered by Flagler Cares
- Methods of Assistance
- Overdose Prevention Education
- Crisis/Emergency Information
- My Rights and Responsibilities
- Flagler Cares Rights and Responsibilities
- Client Grievance Procedure
- Standards of Conduct

I understand that I can contact Flagler Cares with any questions or input and can request additional information at any time needed.

Client Printed Name

Client Signature

Date

Flagler Cares Team Member Printed Name

Title

Flagler Cares Team Member Signature

Date