

**LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION**

**Charitable Choice Disclosure\***

(\*This form is required for LCDAC funded clients receiving faith-based/religious substance use disorder treatment)

**Individual's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

It has been explained to me and I, \_\_\_\_\_, understand that this organization (please list facility name) \_\_\_\_\_ is a substance use disorder program that provides an option for faith-based/religious treatment/treatment related services. At this time, I am voluntarily choosing to request admission into these into this faith-based/religious service option.

Given that the Lancaster County Drug and Alcohol Commission may be providing funding assistance for the treatment/treatment related services at this program, it has been explained and I understand that:

- No provider of substance use services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against me based on religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.
- If I object to the religious character of this organization, Federal law gives me the right to a referral to another provider of substance use disorder services and that:
  - I have the right to make this request to my assigned counselor or by contacting the LCDAC Case Management Supervisor at 717-299-8023,
  - The referral, and my receipt of alternative services, must occur within a reasonable period following my request,
  - The alternative provider must be accessible to me and have the capacity to provide substance use disorder services,
  - The treatment/treatment related services provided to me by the alternative provider must be of a value not less than the value of the services I would have received from this organization,
  - I will voluntarily sign a consent to release information to the facility to which I will be referred,
  - The organization is required by LCDAC to report when I have been referred to an alternative non-faith-based/religious service venue.

My signature indicates that the above was reviewed with me.

\_\_\_\_\_  
Individual's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature \_\_\_\_\_  
Date

Check appropriate box:  I have accepted a copy of this document  I have declined a copy of this document