

**Work First New Jersey (WFNJ) Substance Abuse Initiative (SAI) and**

**Behavioral Health Initiative (BHI)**

**Client’s Acknowledgment of WFNJ SAI/BHI Care Coordinator Status as a Counselor-in-Training/Intern**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed

(Print Client’s Name)

that the Care Coordinator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, providing my

(Print CC’s Name)

assessment and managing my WFNJ SAI/BHI case is a considered a counselor-intern and but may have an associate license (LAC, LSW). I understand that this Care Coordinator is in the process of obtaining his/her certification as an Alcohol and Drug Counselor (CADC) or his/her license as a Clinical Alcohol and Drug Counselor (LCADC), Licensed Clinical Social Work, or Licensed Professional counselor. I understand that my Care Coordinator will provide services under the weekly supervision licensed professional who has their certification in clinical supervision.

My signature below indicates that this has been completely explained to me and I am in agreement with this care management arrangement.

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Client’s Signature Date

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Counselor-Intern’s Signature Date