

**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 Professional Counselor-intern or is a Licensed Associate Counselor. I understand that this Care Coordinator is in the process of obtaining his/her clinical license as Professional Counselor. I understand that my Care Coordinator will provide services under the supervision of a Licensed Professional Counselor.

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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 Care Coordinator’s Signature Date