



CLIENT ORIENTATION REVIEW

**Client will initial every block as this aspect has been introduced to them.*

Upon Arrival

_____ Client acknowledges understanding, by signature, on form titled “Compliance and Expectation of Standards”

_____ Client completed the “New Resident Questionnaire”

Settling In

_____ House Rules

_____ Household Responsibilities

_____ Introduction to “Complete 180” Program

_____ Daily Schedule

_____ Activities and Privileges

_____ Search and Seizure Policy Review

_____ Meal Times

_____ The building blocks to success “Behavioral Management System”

_____ Grievance Process (Contacting QP, DHSR, Human Rights Committee)

_____ Fire Drill Meeting Location

_____ Development of Crisis Plan

During the First 30 Days

_____ Introduction to Clinical Therapist

_____ Participation in Person Centered Treatment Plan

_____ Orientation Screening by the Facility Qualified Professional

(Behavioral Health Director will offer random quiz to ensure client has been adequately oriented to the facility)

Client Signature

Behavioral Health Specialist

Qualified Professional Signature

Date Completed