



PLAN WELL • AGE WELL • LIVE WELL

CLIENT RIGHTS AND AUTHORIZATION TO PROVIDE SERVICES

I, _____, authorize ElderCare Solutions of Michigan, a division of Jewish Family Service, to provide me with:

- Case management and support services
- Mental health and/or substance abuse outpatient services

I have received copies of and understand the information provided to me in the Jewish Family Service Client Handbook, my rights and responsibilities as a client, my payment responsibilities and the client grievance procedure.

Client Signature: _____ Date: _____

Follow-Up

ElderCare Solutions of Michigan/Jewish Family Service conducts studies to improve our services. Your input is a very valuable tool, necessary in helping steer decision-making aimed at improving our quality of care. Your signature allows ElderCare Solutions of Michigan/Jewish Family Service to mail, or to distribute to you, survey forms on a limited basis.

Thank you for your valuable input.

Client Signature: _____ Date: _____

A Division of Jewish Family Service