



**Customer Services Checklist**

IDENTIFYING INFORMATION				
NAME	DOB		CASE #	GENDER
ADDRESS				

DOCUMENT DATE

The following information is being shared as part of starting services with Community Mental Health & Substance Abuse Services of St. Joseph County.

ITEMS RECEIVED
<input type="checkbox"/> Customer Handbook <input type="checkbox"/> Customer Service Satisfaction Survey <input type="checkbox"/> Recipient Rights Booklet (as required by PA 258 of 1974) <input type="checkbox"/> St. Joseph County Resource List <input type="checkbox"/> Client informed of online information <input type="checkbox"/> Client requested hard copy DATE HARD COPY PROVIDED _____

SIGNATURES
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\_\_\_\_\_  
STAFF SIGNATURE / CREDENTIALS DATE

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CLIENT SIGNATURE PRINTED NAME DATE



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