

LANCASTER COUNTY DRUG & ALCOHOL COMMISSION

GPRa Follow-Up Acknowledgment Signature Page

Individual's Name: _____ **Date of Birth:** _____

Today's Date: _____ **Date of Initial GPRa:** _____

First & foremost, thank you for participating in the completion of what may have been referred to you as the "GPRa tool".

By signing this document, it will confirm someone has explained to you that over the next three (3) to six (6) months a designated treatment/treatment related professional will be monitoring you at various intervals. The reason for this tracking is directly related to the funding being utilized for your SUD services. The funding is referred to as SOR (State Opioid Response) funding. As you are aware, the tool used to collect the needed demographic data for the SOR funding is referred to as the GPRa (Government Performance Results Act) tool. When you are contacted, you will be asked to provide responses to the information needed on the GPRa tool. The consents you have signed will permit the professional contacting you to locate you if your direct contact information is no longer valid. In other words, the professional may need to reach out to your alternate contacts to locate you. The GPRa data is vitally important for the continuation of the SOR funding; therefore, locating you to acquire the needed data is of the utmost importance.

To further explain the SOR funding GPRa tool process, you will need to agree to view the short video prepared by Lancaster County Drug and Alcohol Commission (LCDAC).

To ensure that all the necessary documents have been fully executed and needed information has been secured to allow for this three (3) to six (6) months tracking to transpire, below is the list of items and/or information needed:

- **Phone numbers where you can be reached:**

- **Numbers that you will receive texts:**

- **Email addresses where you can be reached:**

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- **List individuals who could be contacted:**

Full Name of Individual	Relationship	Was a fully executed valid LCDAC consent completed?

- **A representative from Lancaster County Drug and Alcohol Commission (LCDAC) will be contacting you on or around the third month from your Initial GPRA date which is _____.**

Individual's Signature

Date

Witness Signature

Date

Check appropriate box: I have accepted a copy of this document I have declined a copy of this document