

LANCASTER SCA SCHOLARSHIP

Attestation of an Opioid Use Disorder

Recovery House Scholarship Program

Funded by Lancaster County D&A Commission (LCDAC)

This scholarship program is for individuals who are in recovery from Opioid Use Disorder (OUD) and desire a stable, sober living environment to help them in their recovery. As part of the application process, our office will need to confirm an individual's eligibility for the scholarship.

I _____ attest that in the past I have received a diagnosis of OUD. I agree to complete a Level of Care Assessment (LOCA) once I begin working with an embedded case manager at an outpatient provider upon my release. Further, I understand that previous treatment records may be accessed with a valid consent form to confirm previous treatment episodes. I consent to the Lancaster County Drug and Alcohol Commission reviewing my files for that purpose in case of an audit by the Opioid Settlement Trust (the Trust) and to remain compliant with funding guidelines set forth by the Trust.

Individual Signature

Date

Witness Signature

Date

I have been offered a copy of this form.