



2024 Telepractice consent.pdf



CRSP Consumer Enrollment Form 2021



CRSP- Program Change Form rev 060

- DWIHN Member Handbook
<https://www.dwihn.org/members-Welcome-to-DWIHN-Brochure.pdf>
https://www.dwihn.org/documents/Member_Handbook.pdf
- DWIHN Customer Service Provider Directory
https://www.dwihn.org/members/Provider_Directory_Booklet.pdf
<https://www.dwihn.org/members-practitioner-list-2021.pdf>
- MDHHS Recipient Rights Handbook
https://www.michigan.gov/documents/mdhhs/RR_Book_English_635711_7.pdf
- DWIHN Customer Service Brochures
 - How Customer Service Can Help You
https://www.dwihn.org/members/How_Customer_Service_Can_Help_You_Oct2019.pdf
 - Understanding Grievances and Appeals Bookmark
https://www.dwihn.org/members/Understanding_Grievance_and_Appeals_Bookmark.pdf
 - How to Access Routine Behavioral Health Services
https://www.dwihn.org/members/How_to_Access_Routine_Behavioral_Health_Services_Oct2019.pdf
 - How to Obtain Emergency and After Hours Behavioral Health Services
https://www.dwihn.org/members/How_to_Obtain_Emergency_&_After_Hours_Behavioral_Health_Services_Oct2019.pdf
 - Advance Directives for Medical & Behavioral Health Care
https://www.dwihn.org/members/Advance_Directives_Brochure.pdf
 - Kevin's Law
<https://www.dwihn.org/members-Kevin's-Law.pdf>
 - Member's Rights and Responsibilities
<https://www.dwihn.org/brochures-member-rights-responsibilities.pdf>
https://www.dwihn.org/documents/Members_Rights_and_Responsibilities.pdf
https://www.michigan.gov/documents/mdhhs/RR_Book_English_635711_7.pdf
https://www.dwihn.org/translations/translate_pdf_wait?t=1706562848246&file_path=/resources/upload/5791/Mediation-card.pdf
- Community Living Services Informational materials
<http://www.comlivserv.com/images/docs/handbook/cls-handbook-of-services-july-2020.pdf>



CLS Brochure.pdf



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Think Guardianship Think Again!.pub



Wraparound 2 3-4-2022.pdf



MetroPlace Center
35425 Michigan Ave. W.
Wayne, MI 48184-1687

(734) 722-6364 Voice • (734) 722-6999 Fax

Orientation of Service

Intended Beneficiary Feedback (Optional)

How Was Your Orientation?

Date of Orientation: _____ Location: _____

1. The orientation helped me to understand the services that are available and how to go about accessing them.

____ Yes; ____ No; Comments: _____

2. The orientation provided me with information about my enrollee rights.

____ Yes; ____ No; Comments: _____

3. I was informed of my right to have updated informational materials provided to me as part of the enrollment process and on an annual basis.

____ Yes; ____ No; Comments: _____

4. I was informed of the manner in which to access after-hours emergency services and that prior authorization is not required for emergency services.

____ Yes; ____ No; Comments: _____

Thank you for completing this evaluation. This will help us in providing you with better services. Your information will remain confidential.



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Wayne, MI 48184-1687

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Optional: If you require further contact regarding any comments provided above, feel free to provide your name and phone number below. This is not a requirement and is optional.

Name: _____ Phone Number: _____