PHOENIX AREA INDIAN HEALTH SERVICE
ALCOHOLISM / SUBSTANCE ABUSE PROGRAM

PARENT FINANCIAL RESPONSIBILITY FORM

The Phoenix Area Alcohol/Substance Abuse Program (A/SAP) is responsible for only the costs associated with provision of pre-approved residential alcohol and substance abuse treatment services. If the client is not eligible for Contract Health Services from the referring service unit, the parent(s), legal guardian or person /agency responsible, accept financial responsibility should the client require medical services from a non-IHS medical facility/provider.

Parents’, legal guardian’s alternate resources include:

Medicaid/AHCCCS enrolled: □Yes □No        Private Insurance: □Yes □No

___________________________________________

Client’s Name

___________________________________________  ________________

Parent/Legal Guardian/Responsible Party’s Signature       Today’s Date

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