

**Drug Medi-Cal Organized  
Delivery System (DMC-ODS)  
Intake/Advisement Checklist**

I prefer to receive the Informing Materials in the following language: \_\_\_\_\_  
**(The DMC-ODS staff must review and complete this form with beneficiary or legal guardian)**

**Assessment of need for Informing Materials on CD or other audio format**

I was offered/asked if I wanted the Medi-Cal DMC-ODS (the plan) Beneficiary Handbook on either a CD or an audio recording posted in the HCA website in my preferred threshold language.  Yes  No

I decline getting a CD/county link to the HCA website  
 I requested and received the CD or the county link to the HCA website

**Informing Materials**

**DMC-ODS Beneficiaries (check applicable boxes below)**

I received the link <http://www.ochealthinfo.com/DMC-ODS>  
**(For Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory**  
**OR**  
 I requested Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory be sent to my residence within 5 days of today's date. (Mailed out: \_\_\_\_ (Date) \_ (Staff Initials))  
**OR**  
 I received the Medi-Cal DMC-ODS Beneficiary Handbook and Provider Directory  
**(Hard copy)**  Regular Print  Large Print

I received a copy of \_\_\_\_\_ (Program Name) Notice of Privacy Practices **Yes**  **No**

I completed the receipt of Notices of Privacy Practices **Yes**  **No**

I received a copy of the Human Immunodeficiency Virus (HIV) Information Form **Yes**  **No**

I received a copy and agree to follow OC Substance Use Disorder (SUD) Clinic's Rules and Policies **Yes**  **No**

I received a copy and accept OC SUD Clinic's Confidentiality Form **Yes**  **No**

I (or if non-driving minor, the accompanying adult) was advised of and provided written information on the Car Seat regulation. **Yes**  **No**

I was offered Voter Registration. If I am under 18, it was offered to the accompanying adults. **Yes**  **No**

**Advance Health Care Directive (AD) – Only for Consumers 18 years old and older**

I was given the Advance Health Care Directive Information Sheet Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Yes**  **No**

I gave the plan staff my AD today: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)

**Signatures**

Beneficiary/Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DMC-ODS Staff Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_