

# Confirmation of Medication Assisted Treatment Enrollment Form

I, \_\_\_\_\_, understand that I must be enrolled in a Medication Assisted Treatment (MAT) provider to be eligible for the Supportive Housing for Mothers in Recovery from Substance Use Disorder program through Twin Pines Housing Trust (TPHT). I must have a prescribing clinician providing me access to treatment with an opioid agonist (e.g. Buprenorphine and Methadone) or antagonist (e.g. Naltrexone) for the duration of the time that I am a resident of the program. I also understand that to document my continued enrollment with a MAT provider, I will need to bring a copy of this letter to my appointment with the TPHT Residence Services Coordinator once (1x) a month. On this letter is a place for the my MAT provider to sign each day we meet and indicate that I continue to receive treatment through their program or practice.

\_\_\_\_\_  
Program Participant Initials

## Medication Assisted Treatment (MAT) Provider Section

I understand that \_\_\_\_\_ must be enrolled with a Medication Assisted Treatment (MAT) provider to be eligible for the Supportive Housing for Mothers in Recovery from Substance Use Disorder program through Twin Pines Housing Trust (TPHT). As their prescribing provider, I confirm that I have met with and prescribed treatment for their Substance Use Disorder on the following dates (see below). I confirm that at this time they are still a patient in my practice or program.

\_\_\_\_\_  
Provider Initials

\_\_\_\_\_  
Provider Initials                                  Date

\_\_\_\_\_  
Provider Initials                                  Date

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Provider Initials                                  Date

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Provider Initials                                  Date

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Provider Initials                                  Date

\_\_\_\_\_  
Provider Signature                                  Date

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Address

\_\_\_\_\_  
Provider Phone Number