

State Opioid and Stimulant Response Grant (SOS) of Ohio Gift Card Order Form

Instructions: This form should be filled out each time you complete a SUPRT-C 6-month reassessment 180 days after services begin or complete a SUPRT-C annual assessment 365 days after services begin. Once completed, the data will be entered into the DBH iPortal data system to initiate the gift card request.

Introduction: The State Opioid and Stimulant Response (SOS) grant supports the program and services you are receiving. SOS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and managed by the Ohio Department of Behavioral Health (DBH). The Ohio State University partners with DBH to evaluate SOS programs. The data from the SOS program will help SAMHSA and DBH monitor funding, improve quality of services, and evaluate the program to inform future funding. As part of this grant, you will be asked to complete an optional form called the SAMHSA Unified Performance and Reporting Tools, SUPRT-C.

If you are still enrolled in services and you complete a SUPRT-C 6-month reassessment 180 days after services begin, you are eligible for a \$30 gift card incentive. Similarly, if you complete a SUPRT-C annual assessment 365 days after services begin, you are eligible for a \$30 gift card incentive.

You may choose one of the following options:

- **Digital gift cards are** sent via text message or email with a link to select a virtual gift card from the following approved retailers: Starbucks, Target, Kroger, Uber Eats, Amazon, Giant Eagle, Sheetz, Chevron Texaco, or Walmart.
- **Physical \$30 Walmart gift card** mailed directly to the address you provide. Gift cards are mailed in a **plain white envelope** and will **not include any information identifying the agency** where you are receiving services.

Consent: When you complete the SUPRT-C 6-month reassessment or SUPRT-C annual assessment, you will become eligible to receive a \$30 gift card. By completing this form, you are consenting to share your contact information with the SOS evaluation team at The Ohio State University and with the gift card vendor. The SOS evaluation

team will use your contact information to send you a gift card in a plain envelope or electronically.

Privacy: The information you provide is confidential and will be carefully protected. The people who can access your individual information are staff from the agency where you are receiving services, DBH, and the evaluation team at The Ohio State University. Your personal and interview information are protected in accordance with regulations governing the confidentiality of substance use patient records [42 CFR Part 2] issued pursuant to the alcohol and drug abuse confidentiality law [42 USC§ 290dd-2], the privacy and security regulations [45 CRF Parts 160 and 164] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC §§ 1320-1320d-8].

Do you give your consent? Yes No

Client First Name: _____ Client Last Name: _____

Client Signature: _____ Date: _____

Gift Card Order Form:

Please indicate your preferred method of receiving their gift card and the corresponding contact information. If you are a data collector helping a client with this form, please ensure that the client has consented to information sharing and chooses their preferred gift card delivery type and location. **Please select one option:**

Digital gift card

Digital gift card sent via text message or email with a link to select a virtual gift card from the following approved retailers: Starbucks, Target, Kroger, Uber Eats, Amazon, Giant Eagle, Sheetz, Chevron Texaco, or Walmart.

Digital gift card delivered via **email** Address: _____

Digital gift card delivered via **text**

Cell Phone Number: _____

May we send text messages to this number? Yes No

Physical gift card

\$30 Walmart gift card sent in the **mail**.

Physical gift card sent in the **mail to location of your choosing**

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Physical gift card sent in the **mail to agency**

Agency Assessment Collector Name: _____

Agency Street: _____

Agency City: _____

Agency State: _____

Agency Zip Code: _____

Declined gift card

You are declining a gift card, which will have no impact on the services you are provided.