

**POWDER RIVER CORRECTIONAL  
ALCOHOL & DRUG TREATMENT UNIT**

3600 13<sup>th</sup> Street  
Baker City, OR 97814

Phone: (541) 523-9894  
Fax: (541) 523-8067

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Client: _____	SID#: _____	DOB: _____
Address: _____	CPMS#: _____	Admit Date: _____
City: _____	Cnty. Of Conv.: _____	Release Date: _____
St/Zip: _____	Treatment Level: _____	Steps Completed: _____
Phone: (____) _____	Cert.: <input type="checkbox"/> Attendance <input type="checkbox"/> Graduation Date: _____	

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<b>Employment:</b> _____	<b>P/P O:</b> _____
Contact: _____	Contact Name: _____
Address: _____	Address: _____
City: _____	City: _____
St/Zip: _____	St/Zip: _____
Phone: (____) _____	Phone: (____) _____

<b>C/C Provider:</b> _____	Date: _____	Time: _____
Contact Name: _____	No. of Weeks _____	Times per week _____
Address: _____	Parole Stipulations: _____	
City: _____	_____	
St/Zip: _____	_____	
Phone: (____) _____		

Date: _____	Time: _____
No. of Weeks _____	Times per week _____

<b>Support System: AA / NA /</b> _____	<b>Additional Type of Service:</b> _____
Date: _____	Contact Name: _____
Time: _____	Address: _____
No. of Weeks _____	City: _____
Times per week _____	St/Zip: _____
Meeting Address: _____	Phone: (____) _____

Date: _____	Time: _____
No. of Weeks _____	Times per week _____

<b>Sponsor/Contact:</b> _____	C/C/C Package Completed: _____
Address: _____	_____
City: _____	_____
St/Zip: _____	_____
Phone: (____) _____	(Primary's signature) _____ (Date)

\_\_\_\_\_  
(Resident signature) \_\_\_\_\_ (Date)

cc:	File _____	DOC _____
Resident _____	Admin. _____	Other _____
Primary _____		
P/PO _____		
A/C _____		