

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

3600 13th Street
Baker City, OR 97814

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

Client: _____ SID#: _____ DOB: _____
Address: _____ CPMS#: _____ Admit Date: _____
City: _____ Cnty. Of Conv.: _____ Release Date: _____
St/Zip: _____ Treatment Level: _____ Steps Completed: _____
Phone: () _____ Cert.: Attendance Graduation Date: _____

Employment: _____ **P/P O:** _____
Contact: _____ Contact Name: _____
Address: _____ Address: _____
City: _____ City: _____
St/Zip: _____ St/Zip: _____
Phone: () _____ Phone: () _____

C/C Provider: _____ 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 _____
Support System: AA / NA / _____
Date: _____ Time: _____
No. of Weeks _____ Times per week _____
Meeting Address: _____
Phone: () _____

Sponsor/Contact: _____ Date: _____ Time: _____
Address: _____ No. of Weeks _____ Times per week _____
City: _____ C/C/C Package Completed _____
St/Zip: _____
Phone: () _____ (Primary's signature) _____ (Date) _____

(Resident signature) _____ (Date) _____
cc: Resident _____ Primary _____ File _____ DOC _____
P/PO _____ A/C _____ Admin. _____ Other _____