

**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

---

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: \_\_\_\_\_  
City: \_\_\_\_\_  
St/Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
  
Parole Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
No. of Weeks \_\_\_\_\_ Times per week \_\_\_\_\_  
**Support System: AA / NA /** \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
No. of Weeks \_\_\_\_\_ Times per week \_\_\_\_\_  
Meeting Address: \_\_\_\_\_  
\_\_\_\_\_

**Sponsor/Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
St/Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
No. of Weeks \_\_\_\_\_ Times per week \_\_\_\_\_  
C/C/C Package Completed: \_\_\_\_\_

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

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