POWDER RIVER CORRECTIONAL
ALCOHOL & DRUG TREATMENT UNIT
3600 13TH Street
Baker City, OR 97814

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

Client: _____
Address: _____
City: _____
St/Zip: _____
Phone: (_____) _____

SID#: _____ DOB: _____
CPMS#: _____ Admit Date: _____
Cnty. Of Conv.: _____ Release Date: _____
Treatment Level: _____ Steps Completed: _____
Cert.: ☐ Attendance ☐ Graduation Date: _____

Employment: _____
Contact: _____
Address: _____
City: _____
St/Zip: _____
Phone: (_____) _____

C/C Provider: _____
Contact Name: _____
Address: _____
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: _____
_____

Sponsor/Contact: _____
Address: _____
City: _____
St/Zip: _____
Phone: (_____) _____

_____ _____
(Resident signature) (Date)

cc:
Resident _____ Primary _____

P/PO _____ A/C _____

P/PO: _____
Contact Name: _____
Address: _____
City: _____
St/Zip: _____
Phone: (_____) _____

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

Parole Stipulations: _____
_____
_____

Additional Type of Service: _____
Contact Name: _____
Address: _____
City: _____
St/Zip: _____
Phone: (_____) _____

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

C/C/C Package Completed: _____

_____ _____
(Primary's signature) (Date)

File _____ DOC _____

Admin. _____ Other _____