

**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.: <input type="checkbox"/> Attendance <input type="checkbox"/> 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 / _____	Additional Type of Service: _____
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 _____

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

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