



**Current Chemical Dependency/Substance Use Disorders
Treatment/Aftercare/ Mental Health**

Applicant /Participant Name: _____

Treatment Program: _____

Address: _____

Telephone Number: _____

Contact Person: _____

I have not entered chemical dependency treatment _____ (initial if applicable)

Aftercare Program: _____

Address: _____

Telephone Number: _____

Contact Person: _____

I am not in aftercare _____ (initial if applicable)

Mental Health Professional: _____

Address: _____

Telephone Number: _____

I am not receiving mental health counseling _____ (initial if applicable)

Applicant/Participant Signature

Date