

Washington Drug & Alcohol Commission, Inc.
INTERVENTION PROGRAM REFERRAL

Provider Contact: _____

Date of Referral: _____

Client: _____

County: Washington _____

Address: _____

Phone: _____

Cell: _____

On Probation: Y N

P.O. _____

Reason for Referral: _____

Release attached?

Please fax to (724)223-1187 Attn: Adaira. Please have referred call (724) 223-1181 ext. 110 for a screening and start date.