

Bloom Recovery Network, LLC DIP Intake Form

Name _____
Email _____
Address _____
(street)

(city) (state) (zip)

Date of Birth _____ Phone _____
Sex Female Male Prefer not to answer
Preferred Pronouns (if any): _____
Single Room occupancy? Yes No
*Single rate: \$125 additional, Prices are subject to change.
Month you wish to attend the DIP _____
*Must choose a program date.

Sentencing Court _____
Sentencing Judge _____

Case # _____
Probation Officer (if applicable) _____

Attorney Info if you wish to have information shared _____
(Authorization for release of information will need to be signed prior)

**EMERGENCY
CONTACT
INFORMATION**

Emergency contact name _____ Relationship to you _____
Address _____ Phone #: _____
(include street, city, state, zip)

Do you need a Handicap Room? Yes No (females only) Are you pregnant? Yes No

Do you have any special dietary requirements (ex. Vegan, Gluten-free) ? Yes No
If yes, please explain: _____

Do you have any known allergies to medicine, food or reactions to food? Yes No
If yes, please explain: _____

Do you have any special needs (ex. MAT transport)? Yes No
If yes, please explain: _____

\$50 Is due at time of registration

NOTE: NO CHANGES TO ROSTER WILL BE MADE AFTER 4PM ON THE THURSDAY PRIOR TO THE EVENT START DATE. ALL MONIES PAID WILL BE LOST IF YOU DO NOT ATTEND ONCE THAT DEADLINE HAS PASSED.

- Please consent to both statements by checking each box and adding your signature & date:
- The remaining balance must be paid in full at least one week prior to program start date. I acknowledge that I will lose my deposit if the balance isn't paid within the above time mentioned and I made no attempt to contact Bloom.
 - I understand that if I arrive at the program after 4pm, I will lose all monies paid to Bloom Recovery.
 - I have read the Program Rules and Cancellation Policy

Signature _____ Today's Date _____

***YOU MUST INCLUDE A SIGNED AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL SUD PATIENT RECORDS FORM, THIS FORM AND THE PROGRAM FEE TO FINALIZE REGISTRATION.**

REGISTER FULLY ONLINE!
bloomrecoverynetwork.com

OR Fax completed forms to 419-710-1322

OR Mail completed forms and check/money order to Bloom

OR call/text/email to schedule an appointment

(Note: Office is open by appointment ONLY)

We are no longer accepting payments over the phone

Processing fee for all credit card payments

**BLOOM RECOVERY
NETWORK**

Owner & AoD Program Director:
Kelly Burden MSCJ, LICDC-CS
Address:
**222 S. Elizabeth St.
Lima, OH 45801**
Call:
419-308-1119
Email:
bloomrecovery@gmail.com