## **Bloom Recovery Network, LLC DIP Intake**

Name:	Date:
Address:	
Phone:	Email:
Gender: Date of Birth:	
	Please list any other special needs, including food allergies,  MAT transport needed, etc:
INCLUDING RETURN OF ONLINE/INTERACTIVE V	OVID PANDEMIC COULD RESULT IN CHANGES TO ROOM OCCUPANCY OPTIONS,
Sentencing Court/Sentencing Judge	e:
Case Number:	BAC/refusal:
Charge and/or Conviction:	
Probation Officer (if applicable):	
	f you wish to have information shared: (Authorization for release of
information will need to be signed prior)	):
Emergency contact (name, relations	ship to you, phone #, full address):
start date. NO CHANGES TO ROSTER V	emaining balance must be paid in full at least one week prior to program VILL BE MADE AFTER 4PM ON THE THURSDAY PRIOR TO THE EVENT BE LOST IF YOU DO NOT ATTEND ONCE THAT DEADLINE HAS PASSED
*****Register fully	online! Website: bloomrecoverynetwork.com****
Fax completed forms to: 419	-710-1322 *We are longer accepting payments over the phone
OR Mail c	completed forms and check/money order to:
	Bloom Recovery Network, LLC 222 S. Elizabeth St. Lima, OH 45801
OR call/text/email to schedule	e an appointment (Note: Office is open by appointment ONLY):
Phone #: 419-308-1119 En	nail: bloomrecovery@gmail.com Note: Processing fee for cc payments.
during weekend course. Some of you may points but fewer than 12 points on your driving record,	course certified by the Ohio Department of Public Safety offered whave been court ordered to attend one of these programs to get Anyone who has at least two may be eligible to complete a remedial driver course for a two-point credit. Completing the course as a cushion against future convictions that may take you to 12 points within a two-year period.
an additional \$35 cash to be paid	course completion (a certificate of completion) and will <b>bring</b> id at time of program intake.
Signature:	
	Date:
	LEOP DISCLOSURE OF CONFIDENTIAL SUD PATIENT PECOPDS FORM THIS FORM AND

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