DIP INTAKE FORM

Name _____ Location: ☐ Lima ☐ Toledo

Email _____ Sex ☐ Female ☐ Male ☐ Prefer not to answer

Address _____ Prefered Pronouns (if any): _____
(street)

_____ Single Room occupancy? ☐ Yes ☐ No
(city) (state) (zip) *Single rate: $125 additional, Prices are subject to change.

Date of Birth _____ Phone _____ Month you wish to attend the DIP_____
*Must choose a program date.

Sentencing Court_____ Case # _____

Sentencing Judge_____ 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

Owner & AoD Program Director:
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