



INSTRUCTIONS - You have been ordered to attend the program(s) listed below. You are responsible for calling P.A.T.S. and enrolling within 3 days of receiving this order. Program information can be found on our website patslansing.com. All sessions are held via telehealth during pandemic.

EDUCATION

- Alcohol & Substance Use Education Weekend
- Alcohol & Substance Use Continuing Education (6 sessions)
*(*Alcohol & Substance Use Weekend prerequisite)*
- Economic Crime Program

CASE NO: _____

PBT = _____ BAC = _____

ADDITIONAL COMMENTS:

SUBSTANCE ABUSE PROGRAMS

(Education Component required as part of Phase I Substance Abuse Treatment for adults)

- Adolescent Substance Abuse Treatment Sessions (13-17 years. Individual sessions only)
- Adult Outpatient Substance Abuse Treatment (12-24 sessions group sessions and 1 individual session)
- Adult Intensive Outpatient Substance Abuse Treatment (36 groups and 4 individual sessions)
- Adult Relapse Treatment (12 sessions. Must have completed a treatment program & had experienced a period of sobriety after treatment)
- Women's Outpatient Substance Abuse Treatment (12-24 sessions - **Women only**)

CRIMINAL THINKING PROGRAM

- Moral Reconciliation Therapy (MRT) (16-36 group sessions)

DOMESTIC ABUSE INTERVENTION/ ANGER MANAGEMENT PROGRAMS

- Domestic Abuse Intake Assessment + 26-52 Weeks (Men only)
- Domestic Abuse Intake Assessment + 52 Weeks (Men Only)
- Domestic Abuse Intensive 52 sessions + 8 sessions 2x week (Men only)
- Assaultive Behavior Change (Non Domestic Partner Offense)

Prior Assaults?	Yes	No
PPO?	Yes	No
No Contact Order	Yes	No
Victim Injured?	Yes	No

ASSESSMENTS:

- Substance Abuse Assessment ORAS – Criminal Risks and Needs Assessment
- Relapse Evaluation Psychological & Mental Health Evaluation

DRUG AND ALCOHOL TESTING:

Urinalysis Lab: ETG Only 6 panel+ETG 9 panel+ETG 10 panel+ETG 12 panel+EtG 14 panel+ETG

_____ One time Only _____ days per _____ Start Date _____

Bring valid picture ID
Testing times:
Males: M-F 7am-11am & 12pm-4:30pm
 S-S 7am-8:30am
Females: M-F 7am-11am
 S-S 7am-8:30am

MENTAL HEALTH THERAPY:

- Adolescent Psychotherapy Adult Psychotherapy

BILL SERVICES TO: **CLIENT** **OTHER AGENCY/GRANT FUNDED** _____

NAME: _____ **Sex:** M / F **PHONE:** _____ / _____

ADDRESS: _____ **EMAIL:** _____

REFERRED BY: _____ **REASON FOR REFERRAL:** _____

PROBATION OFFICER: _____ **DATE OF BIRTH:** _____ **PROBATION DUE DATE:** _____

AGREEMENT TO ATTEND AND CONSENT TO RELEASE REPORT

I, _____, hereby authorize the above-mentioned program to exchange information with the _____ Court. The extent of the information to be disclosed will be the assessment report, relevant data and information, comments on my attitude and participation when necessary, recommendations for additional referral services, drug testing results, and discharge summary. This consent will expire when I am terminated from probation/parole or whenever the program receives written notice of a change in my legal status whichever is later. The purpose of this disclosure is to assist the referring agency in reaching a satisfactory disposition of my case. In addition, I hereby agree to attend and satisfactorily complete the program according to the rules and regulations. I am aware that a program termination may result if I do not attend per the rules and the program designee has the authority to terminate without prior notification.

DATE

CLIENT'S SIGNATURE

DATE

WITNESSED

BY