

# Prevention Education *and* Referral Services, Inc.

Livingston: 517.917.0166  
Oakland/Macomb: 586.203.8152  
Washtenaw/Wayne: 734.487.2682

P.O Box 971511  
Ypsilanti, MI 48197  
734.697.0289 - fax

*Classes held in Livingston, Oakland, Macomb, Washtenaw and Wayne Counties*

## REFERRAL INFORMATION

*(to be completed by referring agency)*

Name: \_\_\_\_\_ Case # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Offense/BAC: \_\_\_\_\_ Referring Agency: \_\_\_\_\_ Referring Person: \_\_\_\_\_

Enroll By: \_\_\_\_\_ Complete By: \_\_\_\_\_ End of Probation: \_\_\_\_\_

## REASON(S) FOR REFERRAL

### Substance Abuse Programs

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Education (One Day) : \$75         | <input type="checkbox"/> Drug Intervention & Assessment : \$135 |
| <input type="checkbox"/> Alcohol Education Level I : \$150          | <input type="checkbox"/> Minor Awareness : \$75                 |
| <input type="checkbox"/> Alcohol Education Level II : \$225         | <input type="checkbox"/> Weekend Wake-Up : \$195                |
| <input type="checkbox"/> Alcohol & Drug Insight and Awareness: \$75 |   |

### Assaultive Behavior Programs

- Anger Management (One Day/Intake) : \$100  
Follow up :  4 Weeks  8 Weeks (\$20/session)
- Domestic Violence (One Day/Intake) : \$100  
Follow up :  12 Weeks  26 Weeks (\$20/session)

### Economic Crime Programs

- Positive Strategies for Life (One Day/Intake) : \$75  
Follow up :  4 Weeks  8 Weeks (\$20/session)

## DISCLOSURE INFORMATION

I hereby authorize Prevention Education and Referral Services, Inc., its Director of designee, to release information to the referring party/ agency listed above. The extent and nature of this information will concern my attendance, progress, services received and recommendations for additional services when appropriate / applicable. The purpose of this disclosure is to assist this agency and /or person arriving at a appropriate disposition in my case. This authorization will remain in effect until the purpose for which it was given no longer exists. This authorization will expire when the program receives official written notice of a change in my legal status or 90 days after program completion date, whichever is later.

Payments are accepted in credit, debit, cash or money order. There is a \$4 Administrative Fee for payments made by credit/debit. Missed sessions, and rescheduling less than 48 hours before your scheduled appointment, is subject to a \$35 fee and must be paid in full prior to rescheduling. By signing below, I acknowledge that I am solely responsible for any program fees, including those I may be subjected to through late cancellation or failing to attend registered program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Referring Agency Signature

\_\_\_\_\_  
Date

Visit our website at [www.persinc.com](http://www.persinc.com) for class locations and times or email us at [info@persinc.com](mailto:info@persinc.com)