

WEST MICHIGAN EDUCATION AND REFERRAL SERVICES, INC.

P.O. Box 554

Portage, Michigan 49081-0554

Phone: (269) 324-5226 Fax: (269) 324-5221

License No. 390169

I. REFERRAL INFORMATION (to be completed by referral agency)

NAME: _____ CASE # _____ DATE: _____

ADDRESS: _____
Number Street City State Zip

BAC: _____ PHONE: _____ CELL: _____ PROB. END DATE: _____

**** The person named above is to contact W.M.E.R.S., Inc. at 269-324-5226 to schedule an appointment****

REFERRING AGENCY AND/OR PERSON(S) _____

II. REASON FOR REFERRAL: (A \$35 fee will be assessed for each missed/no show class and any re-scheduled class with less than 72(bsn) hour notice)

- Alcohol Education/Hwy Safety (1 day/4-hr.) \$60 Alcohol Education Level I (12 hrs - weekend) \$140
- Alcohol Education Level II (18 hours) \$200
- MIP Alcohol Education (4-hr.) \$60
- Drug Awareness (Marijuana) (4-hr.) \$65
- Positive Approaches (property crime, retail fraud, embezzlement) \$65
- Anger Management (4-hour) \$75
- DLAA - Assessment \$250 Includes Drug Test Substance Abuse Assessment \$75 _____(Consent)
(\$75 Fee will be assessed for any missed, re-scheduled or late appointment)

FORM OF PAYMENT - CASH OR MONEY ORDER ONLY

II. DISCLOSURE INFORMATION (to be signed by the person being referred)

I, _____ hereby authorize West Michigan Education and Referral Services, Inc. as indicated above, its Director or designee, to release, exchange and/or communicate information to (enter referring agency and/or persons) _____. The extent and nature of this information will concern my attendance, progress, services received and recommendations for additional services when appropriate. The purpose of this disclosure is to assist this agency and/or persons arriving at an appropriate disposition in my case. In addition, I give authorization to West Michigan Education and Referral Services, Inc. to contact me at the address and/or phone provided above regarding the enrollment and attendance of the referral made. This authorization will remain in effect until the purpose for which it was given no longer exists. In the case of criminal justice referrals, the authorization will expire when the program receives official written notices of a change in my legal status or 90 days after authorization is given, whichever is later.

Client Signature Date
White Copy- West Michigan ERS

Witness Signature Date