

PH: 231-519-0126
FAX: 866-422-1159
Email: info@michigantreatment.com



Ascend Counseling
P.O. Box 44
White Cloud MI 49349

Please Check Program Box

A.H.S.E. (Alcohol Highway Safety & Alcohol Awareness Program)
6 Hour Program 4 Hour Program (White Cloud only)

D.A.T.E. (Drug & Alcohol Treatment Education Program)
8 Hour Program

ECP (Economic Crime Program)
6 Hour Program

Please Fill Out Fields Below

Date Planned or Ordered to Attend _____
(Please check website calendar for upcoming class dates & locations): www.michigantreatment.com
Location (Big Rapids, White Cloud, West Branch, Gaylord, Ludington): _____

Client Name (First, Middle Initial, Last): _____
Current Charge: _____
Past Charges (Optional): _____
Other Client Information (Optional): _____
Date of Birth: _____
Client Mailing Address: _____
City: _____ State & Zip Code: _____
Client Phone #: _____ Client Email Address (Optional): _____

Referring Court: _____
Probation Officer or Referral Person: _____
Probation Officer or Referring Agency Phone Number: _____
Probation Officer or Referring Agency Fax Number: _____

Please fax this form to: 866-422-1159. Have client sign before faxing if possible. Client will be automatically enrolled in the program once fax is received.

By signing below I hereby authorize Ascend Counseling to release information to the referring court/probation officer. The nature of the information released will concern my attendance, participation, substance abuse information, when needed offer recommendations for additional referral services. I give permission to Ascend Counseling to communicate with the referral source via email, fax, telephone, & postal mail. This authorization will remain in effect until the purpose for which it was given no longer exists or 12 months – which ever is less.

Participant's Signature _____ Date: _____

Payment must be received in full before attending the scheduled class. Please mail money order (no personal checks) to the address at the top right of this form no later than 1 week before the date of the class you wish to attend. Please contact our agency if you unable to mail your payment within 1 week of the scheduled class. You will not be able to attend this class unless full payment is received.