



Boulder County Public Health – Addiction Recovery Center
3470 Broadway, Boulder CO 80304
(303) 441-1275

SAP PRE-REGISTRATION

ARC CLIENT #: _____

TANF Client **POP Client**

Name: _____ **DOB:** _____

Address: _____ **SSN :** _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **WorkPhone:** _____

Pre-Payment Policy:

I must pay a fee when I schedule an appointment for an Outpatient or DUI intake, or an Evaluation. This fee is non-refundable. If I do not keep my appointment or do not cancel/reschedule within 24hours(Monday intakes must be cancelled by 5:00pm-prior Friday), or if I do not indicate if this is Drinking/Driving offense, I will be required to pay a fee again to reschedule. Please check box if this is related to a Drinking/Driving offense.

Signature _____ Date _____

OFFICE USE ONLY

DUI Intake / OP Intake / Legal Eval. Payment Amount: \$ _____ Receipt # _____

Appointment Date: _____ Time: _____ Counselor: _____

Reschedule Date: _____ Time: _____ Counselor: _____

Intake Site: ARC-Boulder Longmont Form Completed By: _____