

CASA SOLANA INC.

Name: _____ Birthdate: _____ Age: _____

Address: _____ City _____ Phone _____

Do you have a valid driver's license and vehicle? _____

What is your primary addiction/ Drug of choice?

Have you recently been to a detox facility? If so where

Are you court ordered to a program? _____

Are you funded by a County Program or private pay?

(ATCC, BHTC, Drug and Alcohol Services, CWS) _____

Are you on Probation and if so what county? _____

Contact

information: _____ Phone _____

Psychiatric History:

Diagnosis _____ Physicians name: _____

Are you taking any prescription medication? If so please name all your currently taking:

If you are applying for a funded bed that Casa provides for women who have NO Resources Please attend our group meetings on site at 383 s. 13th st. Grover Beach, Ca. Monday-Fridays 9:15am-11:00am. We hope to see you there!!

Office: 805-481-8555

Fax: 805-481-6509