

**Catholic Social Services of Washtenaw County  
Outpatient Substance Abuse Program  
Parole and Probation REFERRAL FORM**

I am ordering \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
to attend the Orientation/Intake meeting on the specific date selected below.

**Substance Abuse Program**

*Sliding Fee Scale for Probation (Sliding fees are not for someone on Parole)*

<i>Please check the box below to indicate this clients income level</i>	<b>Household Gross Annual Income</b>	<b>Orientation Fee <i>must be paid to attend</i></b>	<b>Per Session Group Fee</b>	<b>Evaluation</b>	<b>Individual Sessions</b>
<input type="checkbox"/>	\$0-\$5,000	<b>\$25</b>	<b>\$25</b>	\$50	<b>\$40</b>
<input type="checkbox"/>	\$5,001-\$10,000	<b>\$25</b>	<b>\$25</b>	\$50	<b>\$45</b>
<input type="checkbox"/>	\$10,001-\$15,000	<b>\$25</b>	<b>\$35</b>	\$75	<b>\$55</b>
<input type="checkbox"/>	\$15,001-\$20,000	<b>\$25</b>	<b>\$40</b>	\$75	<b>\$60</b>
<input type="checkbox"/>	\$20,001-\$25,000	<b>\$25</b>	<b>\$45</b>	\$80	<b>\$75</b>
<input type="checkbox"/>	\$25,001-\$30,000	<b>\$25</b>	<b>\$50</b>	\$80	<b>\$80</b>
<input type="checkbox"/>	\$30,001-\$50,000	<b>\$25</b>	<b>\$75</b>	\$100	<b>\$85</b>
<input type="checkbox"/>	\$50,001-\$70,000	<b>\$25</b>	<b>\$75</b>	\$100	<b>\$90</b>
<input type="checkbox"/>	\$70,001-Above	<b>\$25</b>	<b>\$75</b>	\$100	<b>\$100</b>

\_\_\_\_\_  
Signature Date

**REQUIRED DATE OF ATTENDANCE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Orientation/Intake Schedule**  
**Every Thursday: 12:30pm to 2:30pm**

***Must be on time to attend the meeting***  
***Please fax this and both pages of the CFJ-140 to us at***  
**734.926.0161**

Ann Arbor

Washtenaw Ave.

Exit #37A  
East from 23

Ypsilanti



U.S. 23

Carpenter Road



Golfside Drive

Parking

Packard Rd.

AAATA Bus Stop

EXIT #180B  
from 94 to 23

I-94

Toledo

