



*White Earth Reservation
Substance Abuse Program
P.O. Box 435
White Earth, MN 56591
218-983-3286 or 1-800-950-3248 Ext 1297
Fax 218-983-3729*

Date_____

Client Name

First Name Middle Name Last Name

Maiden

DOB_____Gender Male Female Pregnant: Yes No IV User
Yes No

SS # _____ Enrollment #

Telephone # _____

County_____

Mailing

Address_____

PhysicalAddress_____

Enrolled Descendent: Tribe & State _____ Hispanic?
Yes No

On Rez Yes No Dependent Children Yes No How
Many____Household Size_____

Probation Officer _____ Source of Income _____ Annual
Income _____

Referred by DOC ICW CB Court County What
Court/County _____

Reason _____ -

Notes: