

Recovery Services of Northwest Ohio, Inc.

The Gene Smart Community Service Center
511 Perry Street
Defiance, OH 43512

Phone: 419-782-9920
Fax: 419-784-2523

**72 Hour Driver Intervention Program
Initial Application for Service**

Name: _____ Initial Contact Date: _____

Address: _____ D.O.B.: _____

_____ Sex: _____

Phone Number: _____ SS#: _____

Driver's License #: _____
(Required by Ohio Department of Public Safety)

Can we leave a message: Yes ___ No ___ Medicaid: Yes ___ No ___

BAC Level: _____ Referring Court System: _____

DIP Program to attend: _____

Paid: Yes ___ No ___ When: _____ How: _____

DDC Program: Yes ___ No ___ When: _____

Special Needs (medical): Yes ___ No ___

Please explain: _____

Do you have any special dietary needs (allergies to food)? Yes ___ No ___

If yes, please explain: _____

Do you need an interpreter? Yes ___ No ___

Notes: