



CAYUGA ADDICTION RECOVERY SERVICES

IN JAIL ASSESSMENT REQUEST FORM

Mailing Address and Contact Info:

334 W. State Street

PO Box 789

Ithaca, NY 14851

Phone: 607-273-5500

Fax 607-273-1277

If you are scheduling a Chemical Dependency Assessment for an individual who is currently incarcerated please complete the below form and submit with payment of \$500.

All below information is requested on behalf of the individual in need of Assessment:

Name: First: _____ Last: _____ Middle Initial: _____

Date of Birth: ___ / ___ / ___ Gender: ___ Social Security #: ___ / ___ / ___

Marital Status: _____ Employment Status: _____

Location (Where they are incarcerated): _____

Address Prior to Incarceration:

Street or Mailing Address	City	State	Zip
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Other Contact Information Prior to Incarceration:

Telephone No: _____ E-mail Address: _____

Person making the request: _____

Relationship to person in need of Assessment: _____

Contact information for person making the request:

Address: _____

Street or Mailing Address	City	State	Zip
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Telephone No: _____ E-mail Address: _____

Would you like a confirmation of received payment? Yes_____ No_____

Preferred Method: Email _____ Phone _____

THE MISSION STATEMENT OF CAYUGA ADDICTION RECOVERY SERVICES

A professional community resource providing caring and effective recovery services dedicated to improving the quality of life by promoting individual dignity and respect for all.



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-----Payment Information -----

The Payment of \$500 is due and payable prior to assessment. Chemical Dependency Assessments will not be scheduled unless the assessment fee has been paid. If alternate payment arrangements are necessary, please contact the CARS Administrative Supervisor (607) 273-5500.

Please indicate payment choice:

_____ Money Order enclosed; payable to the Cayuga Addiction Recovery Services

_____ Charge credit card: Type: (circle one) VISA / MASTERCARD/ Discover

Card Number: _____ Exp. Date _____ / _____
Month / year

Signature of Authorized Cardholder

Mail to: 334 W. State Street
PO Box 789
Ithaca, NY 14851
Attn: Jail Assessment

Fax to: 607-273-1277
Attn: Jail Assessment

E-mail to: carsassessment@carsny.org
Subject line: Jail Assessment

- ◆ Refund policy: Refunds will be issued only if requested at least 7 days prior to the scheduled assessment.

FOR CARS USE ONLY

Client ID # _____

Date of Scheduled Evaluation _____

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