



**HILL COUNTRY COUNCIL ON ALCOHOL
AND DRUG ABUSE, INC.**

102 BUSINESS DR. ♦ KERRVILLE, TEXAS 78028

(830) 367-4667 ♦ (830) 367-4687 FAX

www.hccada.org

Date: _____

ASSESSMENT REGISTRATION FORM

You are registering for a drug and alcohol assessment with a licensed professional and it is **VERY IMPORTANT** that you understand the following.

1. Your assessment takes about one hour.
2. If you do not speak or read English you must bring an interpreter, we do not furnish interpreters.
3. Should you not show up for your appointment or call to reschedule the time reserved for you, your \$30.00 is forfeited. You may reschedule 1 time if you advise us 8 hours prior.
4. You must arrive promptly. If you arrive over 15 minutes late, you may lose your appointment and forfeit your \$30.00. You must communicate with our office!!!

I HAVE READ AND UNDERSTAND THE ABOVE (Please initial here) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL/OTHER _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ ETHNICITY: _____

GENDER: _____ OFFENSE _____

I AM REGISTERING FOR ASSESSMENT AT THE REQUEST/DIRECTION OF;
(Probation Officer, C.P.S., Judge, self)NAME: _____

COUNTY: _____

Client Signature: _____

YOUR APPOINTMENT FOR ASSESSMENT IS (Date) _____ at _____

Recommendation(s) _____