

TEXAS ADOLESCENT TOBACCO USE AWARENESS & CESSATION PROGRAM
MANAGED CARE CENTER FOR ADDICTIVE/OTHER DISORDERS, INC.

PLEASE COMPLETE AND RETURN WITH PAYMENT IN THE AMOUNT OF \$50.00.
THE PAYMENT IS **NONREFUNDABLE** AND MUST BE BY CASH OR MONEY ORDER PAYABLE TO MANAGED CARE CENTER.

PARTICIPANTS MUST ATTEND ALL FOUR SESSIONS TO RECEIVE CREDIT FOR THE CLASS. THE SESSIONS WILL BEGIN PROMPTLY AT 6:00 P.M. AND END AT 8:00 P.M. ON THE SCHEDULED DATES. FAILURE TO ATTEND ANY SESSION WILL RESULT IN HAVING TO PAY THE FEE AGAIN IN ORDER TO RESERVE A SPOT FOR THE NEXT CLASS.

DATE: _____

DRIVERS LICENSE # _____ SOCIAL SECURITY NO _____ - _____ - _____

NAME _____
(LAST) (FIRST) (MI)

STREET OR MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

COUNTY: _____ HOME PHONE: _____

DATE OF BIRTH _____ AGE: _____ SEX: M / F

GRADE LEVEL: _____ SCHOOL OF RECORD: _____

ETHNICITY:

- AFRICAN AMERICAN
- HISPANIC
- WHITE
- ASIAN
- NATIVE AMERICAN
- OTHER

LEGAL GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

NAME OF REFERRING JUDGE: _____

OFFICE USE ONLY:

AMOUNT _____

DATE FEE PAID _____

RECEIPT # _____