



PROJECT SENTRY

PROJECT SENTRY An Agency of Ingham County



812 S. MLK Jr., Blvd.
Lansing, Michigan 48915
Ph: 517.372.7700 Fax: 517.372.0054
Drop Line: Phone Line is Available at 5:00 AM: 372-7727 or 372-7611
OPEN ALL HOLIDAYS

REFERRAL FORM

Please PRINT

NAME: _____ SS#: _____ DOB: _____

STREET ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ MALE FEMALE

REFERRAL OPTIONS

START DATE: _____

END DATE: _____

To continue drops after your initial end date, please notify Project Sentry. For indefinite drops please use 12/31/yy end date.

URINALYSIS & PBT

▶ M/W/F: 5:45 AM - 8:45 AM and 4:00 PM - 7:00 PM

Please specify a schedule:

- Random - 1 x Week
- Random - 1 x Month
- Random - 2 x Month
- 2 x Weekly - Mon. & Fri.
- 3 x Weekly - Mon., Wed., Fri.
- One Time Only
- OTHER _____

URINALYSIS ONLY

▶ M/W/F: 5:45 AM - 8:45 AM and 4:00 PM - 7:00 PM

Please specify a schedule

- Random - 1 x Week
- Random - 1 x Month
- Random - 2 x Month
- 2 x Weekly - Mon. & Fri.
- 3 x Weekly - Mon., Wed., Fri.
- One Time Only
- OTHER _____

PBT ONLY

▶ M/W/F: 5:45 AM - 8:45 AM (AM ONLY)
TUES/THUR/SAT/SUN: 8:00 AM - 9:00 AM

Please specify a schedule: _____

DNA TESTING: M/W/F 9:00 - 11:00 AM

REFERRING AGENCY: _____ DOCKET/MDOC#: _____

Referring Agent: _____ Is this an authorized billing? YES NO

If yes, bill to: _____

Telephone #: _____ Fax: _____ email: _____ (please provide)

- (1) I authorize disclosure of all Project Sentry activity records to my referral source until the referral source terminates jurisdiction. I agree to appear at proper designated times and abstain from all illegal drug use, prescription or otherwise.
- (2) All fees are cash or money order and are to be paid upon service. I will pay the \$20 admission fee which includes my first test. (THERE ARE NO REFUNDS.)
- (3) If a screening test is positive, I must purchase a confirmation test within 24 hours of notification or I am admitting to drug use and accepting the screening results, prescription or otherwise.

CLIENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN _____

DATE _____