

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

EMAIL COVER SHEET

DATE: _____

PAGES INCLUDING COVER: _____

TO: CLIENT REGISTRATION

Email: aoc@buckscounty.org

PHONE#: (215) 773-9643

FROM: _____

PHONE#: () _____ - _____ x _____

Email: _____

The following forms are REQUIRED when REGISTERING a client for treatment:

- Request for Approval of Care (RFA)
- ASAM Summary Sheet
- AOC 14
- AOC 13
- Recovery Plan (Inpatient only)

ADDITIONAL COMMENTS: _____

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