

Wood County Jail MAT Referral Form

Name *

First Name

Middle Name

Last Name

Referral Date

Month Day Year

Referral Source

Date of Birth *

Month Day Year

Address Post Release

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Insurance Type/HMO

Jail Facility *

Wood County

Waupaca County

Adams County

EMP

Other

Release Date

Attorney

Substances used/Preferred *

Alcohol

THC

Amphetamine

Methamphetamine

Heroin

Cocaine

Fentanyl

Prescription Medication(s)

Benzodiazepines

Barbituates

Ecstasy

Other

Probation and Parole Agent

Pending court cases

Sentencing Date

To be filled out by Program Coordinator

MAT Candidate

Yes

No

Referral Source