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Peter Beilenson, M.D., M.P.H., Health Officer

### Substance Abuse Evaluation Fee Waiver

*Please bring this form to the Health Department at the time of the appointment. If this form is not presented, the evaluation fee cannot be waived.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_ Student Phone #: \_\_\_\_\_

School: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Referring Contact Person: \_\_\_\_\_

Name of HCHD Counselor: Mary Ann Warnke, MA, LCADC

Phone # of HCHD Counselor: 410-313-6281

Reason for Referral:

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Referral Signature: \_\_\_\_\_

**Note: Presenting this form at the evaluation will result in a one-time full fee evaluation waiver. Recommendations will be made based on the American Society of Addiction Medicine Patient Placement Criteria. Free evaluations are offered only to students who have not been suspended or expelled due to a substance-related incident. Additionally the fee cannot be waived if you are seeking an evaluation secondary to a substance-related legal charge. This waiver is an early identification and prevention incentive for those adolescents and families who seek assistance prior to serious consequences. This waiver is for the evaluation only and cannot be used for other services.**