

The P.R.O.U.D. Program

Personal Responsibility to Overcome with Understanding and Determination

Additional Information:

Is client currently on medication? If yes, please list all medications.

Is client currently receiving therapy or under therapeutic care, if yes please provide the therapist name and/or name of the agency. Also explain reason for care.

Is client currently enrolled in any other programs or waiting to enroll in any other programs? Please list the name of all programs along with the days and times of each program.

AGENCY REFERRAL

PO Box 1605 Durham, NC 27702 Office (919)956-8366 Fax (919)956-8563