

Hope Not Handcuffs Participants



Agency Location: _____

| ID # | Date | Participant Name | Insurance | None/Medi caid | Angel | Treatment Facility/Plan |
|--------------|---------|------------------|-----------|-------------------|-------------|------------------------------|
| Example 1 | 1/19/17 | Joe Smith | | x | Becky Jones | Meridian detox and inpatient |
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Angel will call Lisa Boska with placement information 586-855-4701.

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