ALCOHOL LUXURY TAX TREATMENT REQUEST FORM

Applicant Name: _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Cell No. _____ Msg. No. _____
Have you been convicted or indicted of a crime against an individual? Yes ☐ No ☐ If yes, provide date and information _____

PURPOSE OF REQUEST

☐ Necessities ☐ Evaluation Fees ☐ Sobriety Home ☐ Transportation ☐ Family Visitation ☐ Other

Detail purpose of request: _____

Have you ever received funding from Revenue Office? _____ If yes, what date? _____

What date is treatment activity? _____

Attach acceptance letter of person attending treatment or other information in relation to treatment cost, or counseling services.

PLEASE READ AND INITIAL

For those attending treatment program. I agree to complete treatment program and return **Certificate** of completion to the Revenue Office for future funding assistance _____

I agree to return receipts and funding not used within 15 days to the Revenue Office. _____

I agree to attend an **After-Care Program and continue with AA or similar classes** at Wakpa Waste Counseling Services or another Treatment/Counseling Program after I complete treatment program. _____

I hereby acknowledge that the above is correct, and I will follow all guidelines for wellness

Signature _____ Print Name _____

Date _____

Amount Approved _____ Disapproved _____

_____ _____

_____ _____

Office Use: _____

CRST REVENUE OFFICE
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