

SOAR SERVICES, Inc.

*Offices in: Shell Lake,
Siren, Ashland, Superior
and Park Falls*

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File Copy

CLIENT NAME: _____

I hereby acknowledge that I have received the information regarding Client Rights, Informed Consent, and Grievance Procedures. I have had an opportunity to study the information and to ask any questions to my satisfaction, and I have agreed to accept its terms and conditions. I have also received a copy of this document and Grievance pamphlet for my own use.

Client, Parent, or Legal Guardian's Signature

DATE: _____

Counselor Signature

DATE: _____