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P.O. Box 1063 • Mission, Kansas • 66222-0063  
Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

**Parent / Guardian / Legally Authorized Representative  
Notification Form**

As the Parent, Guardian, or Legally Authorized Representative of the client named below, I hereby acknowledge that they will receive services from the Heartland Regional Alcohol/Drug Assessment Center.

Client Name	Client DOB
Parent / Legally Authorized Representative / Guardian	Relationship to Client*
Signature	Date