



Mario's Mission Corporation Consent & Release Form

NAME OF CLIENT:

Address:

Housing Status:

Phone Number:

Email Address:

Employment Status:

Employer:

Annual Income:

Reason for contacting Mario's Mission:

RELEASE TO:

Name of Entity:

Phone Number:

Email Address:

I, _____ Agree to allowing Mario's Mission Corporation to contact the following entities in regard to having be placed into Detox or Sober Living. I may revoke this form at any time by contacting Mario's Mission Corporation in way of written communication by email at mariosmissionnp@gmail.com. ***PLEASE SIGN AND DATE BELOW.***

Mario's Mission Corporation is a Non-Profit Organization that seeks to help those suffering from Alcohol /Substance Use Disorder by connecting local agencies to the client and also providing scholarships (If applicable), Transportation Funds (If applicable), Clothing or Incidentals (If applicable) to the client in need of services. Mario's Mission Corporation carefully assesses each application to appropriately help those in need. Mario's Mission Corporation holds the right to work with select agencies in the community to best address the clients needs.

