

PRE - ADMISSION / APPLICATION FOR RESIDENCY

You must be willing to commit to entire 8-month program to gain admission

Please complete and email to mail@TreatmentWorks.us

Date of Application: Referred by:
Name: Date of Birth:
Address: County of Residence:
Phone number: Substance used:
How much: last use:
Name of Detox Facility: Date Admitted: Discharge Date:
Have you ever been in treatment before? YES NO How Many Times? Longest Clean Time:
Last Treatment Facility: Discharge Date:
Do you have health insurance or Medicaid?
Have you ever been diagnosed with a mental illness? (If yes, please explain)
Are you currently taking any medications? (Please List)
Have you ever been charged with a sex crime? Arson?
Probation Officer: Phone:
Most Recent Occupation/Trade: How Long?
Last Employed (Date): Are you a veteran?
Highest level of Education Achieved Are you able to read/write?
Current Monthly Income: Income Source: (SSD, SSI, Etc.)
Emergency Contact: Relationship: Phone:

TreatmentWorks, Inc. accepts no government funding. Payment options will be discussed during intake.
No one will be turned away for inability to pay. The Absolute House is an 8-month program.
Treatment is not considered "complete" for legal issues if you do not complete the entire 8 months.

Participant Signature: Date:

Witness/Staff Signature: Date:

Save this file to your computer and email to: mail@TreatmentWorks.us