

# TreatmentWorks, Inc.

## PRE-ADMISSION/APPLICATION FOR RESIDENCY

Please complete and return via fax to 216-862-5143

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Detox Facility: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been in treatment before? \_\_\_\_\_ How Many Times? \_\_\_\_\_ Longest Clean Time: \_\_\_\_\_

Last Treatment Facility: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

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? \_\_\_\_\_

Do you have any legal charges pending? \_\_\_\_\_

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 insurance or government funding. **Cost of Treatment is \$500.00/month.**  
 You must be able to pay upon admission or prove inability to pay. (All major credit cards accepted)  
 The Absolute House is an 8 month program. By signing below you are making a commitment to the entire 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: \_\_\_\_\_