

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. (MasterCard and Visa Accepted)

Participant Signature: _____ Date: _____

Witness/Staff Signature: _____ Date: _____