

Admission Process Checklist for Red Rock Recovery Centers, LLC.

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1. We need to speak to the resident. Red Rock Recovery wants to offer our residents the opportunity to address any concerns. Recovery is not possible if the resident is not on board with the program, we need to make sure they are comfortable.
2. We need to speak to the parents. The parents are to have a phone call with our Head of Admissions. The Head of Admissions will go over the admin side of our program; he will discuss finances, insurance, basic program information, what to bring, and those types of questions. The Program Director will discuss in detail how the program is designed to work and what is going to be tolerated and not tolerated. He will make very clear our processes and allow the parents to find out first-hand what we do and how we do it. The parents must be clear on our refund policy and disclaimer which can be found on the signature page of the application, please read this thoroughly.
3. We need an application filled out by the parents AND the resident. Our application can be found on our website's Admissions page. This can be printed off and must be signed by both the resident and at a minimum the person who is making payment. If it is not possible for both to sign the same document, two separate completely filled out documents will be accepted.
4. Once the above three steps are complete and ONLY if everyone involved is comfortable a bed can be reserved. The cost to reserve a bed is \$500.00 which is to be paid via credit or debit card on our website, remember ALL FEES ARE 100% NON-REFUNDABLE. We will also need a signed copy of this form and the admissions application faxed to us at 855-379-3977 or emailed to dan@redrockrecoverycenter.com. If the resident is not available to sign the admissions form at this time, send in a copy filled out by the parents and we will obtain a copy from the resident upon arrival.
5. Once the bed is reserved transportation will be arranged for our housing staff to escort the resident to our facility. If the resident is traveling out of state a plane ticket will need to be booked to Denver International Airport (code: DEN). Staff will be waiting at the airport to escort upon arrival. We suggest the resident's arrival time to be before 6:00pm. This will allow time for our resident to meet all staff, current residents, and attend their first house meeting.

Resident Name: _____ Parent or Payer Name: _____
Resident Sign: _____ Parent or Payer Sign: _____
Resident Date: _____ Parent or Payer Date: _____

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6. After all this is done; send the confirmations to us at dan@redrockrecoverycenter.com so we can make arrangements to pick up the resident on time. Upon admission, payment in full must be made and a completed application must be in hand.

What to Bring:

- ONE Suitcase and ONE Backpack Maximum.
- Cell Phone (will be held by staff for length determined by the program)
- Toiletries (Soap, shampoo, toothbrush, toothpaste)
- Clothes for job search (pants, nice shirts, etc.)
- Clothes for outdoor activities (long and short including a swim suit)
- Shorts and T-Shirts
- Pants and Sweatshirts
- Shoes (recommend 1 pair of each shoes and sandals)
- ID, Social Security Card, and Birth Certificate (or passport). We do travel and may need these.

What NOT to bring:

- Cash
- Clothes that promote drugs, alcohol, or pornography
- High value items (iPod's are OK but we are not responsible for theft, loss, or damage of any kind)
- Drugs or Alcohol
- Pornography

NOTE: ANY and ALL personal belongings left at Red Rock Recovery Centers, LLC. for more than 24 hours after being discharged becomes property of Red Rock Recovery Centers, LLC. and by signing below I give Red Rock Recovery Centers, LLC. permission to dispose of these items however they see fit. By signing below I also agree that any theft, loss, or damage of ANY kind to ANY personal property is not the responsibility of Red Rock Recovery Centers, LLC. and that you will not hold them responsible. Items of value, personal or monetary, should not be sent to our facility as we are not responsible for them.

Resident Name: _____ Parent or Payer Name: _____
Resident Sign: _____ Parent or Payer Sign: _____
Resident Date: _____ Parent or Payer Date: _____