

Application for Admission
Red Rock Recovery Center

Resident Name (last, first, m.): _____

Phone: _____

Sobriety Date: _____

Date of Application: _____

Family Information:

Address: _____

Mother's Name: _____

Father's Name: _____

All Phone Numbers for family: _____

History:

Please provide a brief history of substance abuse in your own words. When you started, what you used, how much and for how long: _____

What Medications are you taking: _____

Name of referring program and counselor's name: _____

Resident Initial _____ Parent Initial _____ Parent Initial _____

Insurance Information:

Resident Name: _____ SSN: _____ DOB: _____ Age: _____

Resident Address: _____

Insured Name: _____ Relation to patient: _____

Insured Phone: _____ Insured SSN: _____ INS DOB: _____

Employer of Insured: _____

Insurance Company: _____

Insurance Company Phone: _____ (usually found on back of insurance card)

Insurance ID#: _____ Group #: _____

Type of plan: _____

DOC: _____

By signing below I _____ (the insured) agree that the above information is correct and valid to the best of my knowledge and hereby give Red Rock Recovery Center permission to obtain benefits verification for services rendered at our facility.

Insured Signature

Date

Resident Initial _____

Parent Initial _____

Parent Initial _____

Signature Page and Financial Agreement

By signing below I agree that I have read and fully understand all of the above information. I agree that any and all payments made in any fashion by anyone listed on this application or for anyone listed on this application to Red Rock Recovery Centers, LLC. are 100% non-refundable. I understand Red Rock Recovery Centers, LLC. reserves the right to ask any resident to leave at any time for any reason with or without just cause. I understand that the resident will not be under total supervision and that the resident will never be restricted from leaving the facility. I understand and agree that Red Rock Recovery Centers, LLC. and anyone affiliated with them at the time of incident , employed by or not employed by Red Rock Recovery Centers, LLC., is in no way responsible for the actions and/or behaviors of the resident. I understand that Red Rock Recovery Centers, LLC. and anyone affiliated with them at the time of incident , employed by or not employed by Red Rock Recovery Centers, LLC., is not responsible for any injury, death, or other harm done to a resident or by a resident. I agree and understand that Red Rock Recovery Centers' housing, although owned by Red Rock Recovery Centers, LLC, is not a treatment center or facility that is licensed by any state to provide therapy or treatment of a resident for any reason. Red Rock Recovery Centers' housing option simply provides a safe and sober living environment for residents and offers access to professional services though our state licensed outpatient treatment center. I understand Red Rock Recovery Centers, LLC.'s methods are not guaranteed or proven and that relapse is a common issue in which Red Rock Recovery Centers, LLC. is not to be held responsible. I agree that ANY and ALL personal belongings left on property for more than 24 hours after discharge become property of Red Rock Recovery Centers, LLC. and by signing below I agree that they have the right to dispose of the belongings in ANY way they see fit. I also agree that I will not hold Red Rock Recovery Centers, LLC. legally, morally, financially or any other form of responsible for anything that occurs or happens to a resident or by a resident at any time for any reason.

Name of resident: _____

Resident signature: _____

Date: _____

Name of parent: _____

Parent signature: _____

Date: _____

Name of parent: _____

Parent signature: _____

Date: _____

Resident Initial _____

Parent Initial _____

Parent Initial _____