

90-Day Intensive Residential Treatment Program Application

Client Name: _____ Date: _____

DOB: _____ SSN: _____ SID: _____

Referring Person: _____ PO/CM if different: _____

Agency: _____ Phone: _____ ext: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Client is in: Custody Community

Has client been in treatment before? Yes No

Treatment experience and outcomes: _____

Is client presently in treatment? Yes No Where? _____

Will client go to another program after LCCC IRT? Yes No Where? _____

Client's drug(s) of choice: _____

Method of drug use: _____ IV User? Yes No

Number of felony convictions: _____ Age at first arrest: _____

Drug related? Yes No Violent? Yes No Interstate Offender? Yes No

Current felony offense: _____

Most serious offense in criminal history: _____

Does the client have any pending cases? Yes No

Details and estimated date of resolution: _____

Required Test Results: Completed SOA-R paperwork (LSI, SSI-R, ASUS-R, and TxRW)

All COMPLETED information (LSI, SSI, ASUS, TxRW, PSI and/or DOC Paperwork) must be sent with application or the application will not be accepted. If there are mental health issues, records of diagnosis are beneficial.

LSI (current): _____ SSI: _____ Tx Level (TxRW): _____

ASUS scores: Invl: _____ Disrpt: _____ Social: _____ Mood/Emotn: _____ Dfns: _____ Global: _____

Legal Status:

DOC ISP Condition of Probation Community Corrections Residential DOC transition

DOC parole MRD: _____ Community Corrections Non-Residential

Medical/Dental Conditions: (LCCC IRT is a non-medical facility and is not appropriate for clients with serious medical/dental problems or special medical/dental needs. Pregnancy is an exception)

Is client pregnant? Yes No Due Date: _____

Current prenatal care: _____

Psychiatric Conditions: (Clients must be free from overt psychiatric symptoms and, if needed, maintained and stabilized on appropriate medications prior to admission)

Prescribed Medications: (All necessary medications MUST accompany the client. Client must bring a 90-day supply or have the means to refill prescriptions while in the program. LCCC IRT cannot write prescriptions, buy meds, or provide medical clearance for medications.)

Current Disruptive Behaviors/Situation that triggered referral:

Our IRT program cannot serve as placement to avoid homelessness. While they are at high risk for continued use and in need of treatment, IRT cannot serve as simply a respite from homeless for 90 days. It is requested that you provide us with your transition plan for your client upon completion of treatment; we will assist you with client follow-through on this plan. Our goal is not only that they receive the needed treatment we offer, but also that they have a plan in place to continue the stability and sobriety they have started.

Transition Plan:

Other Comments or Concerns:

Please return to: treatment-services@co.larimer.co.us

Contact Treatment Services at 970-498-7530