TODAY'S DATE: ________________________ Chart # ________________

Request for Services

APPLICANT NAME: ____ GENDER: ☐FEMALE ☐ MALE
LAST, FIRST, MIDDLE NAME (MAIDEN, IF APPLICABLE)

ADDRESS / CITY / STATE / ZIP: ____

DATE OF BIRTH: ________________AGE: ______ PHONE: ______________________ Soc. Sec. #: ____________________________

ALTERNATE PHONE NUMBER: _______________________ HOW DO YOU PREFER WE GET IN TOUCH WITH YOU? _________________
(INCLUDE EMAIL HERE, IF APPLICABLE): ____

____

EMERGENCY CONTACT NAME, ADDRESS, AND PHONE NUMBER:____

____

DO YOU LIVE WITH YOUR EMERGENCY CONTACT? ☐NO ☐YES
EMERGENCY CONTACT'S RELATIONSHIP TO CLIENT: ____
SOURCE / PROVIDER OF INFORMATION: ____
DO YOU HAVE A LEGAL GUARDIAN / CUSTODIAN? IF SO, PLEASE INCLUDE NAME AND PHONE NUMBER:

ARE YOU CURRENTLY, OR HAVE YOU EVER, RECEIVED SERVICES FOR A MENTAL HEALTH OR SUBSTANCE USE CONCERN? ☐NO ☐YES

IF YES, WHERE AND APPROXIMATELY WHEN? UNDER WHAT NAME? ____

____

WHEN WAS YOUR LAST TB TEST?________________________ ARE YOU HIV+? ☐NO ☐YES ☐PREFER NOT TO ANSWER

HAVE YOU EVER HAD A TB SKIN TEST COME BACK POSITIVE? ☐NO ☐YES IF YES, WHEN?_________________________

HAVE YOU WORKED IN HEALTH CARE, OR STAYED IN A HOMELESS SHELTER, JAIL, OR PRISON FOR MORE THAN 8 HOURS AT A TIME IN THE PAST YEAR? ☐NO ☐YES

HAVE YOU LIVED WITH OR SPENT MORE THAN 8 HOURS AT A TIME WITH SOMEONE WHO YOU KNEW WAS SICK FROM TB?
☐NO ☐YES

WHERE WERE YOU BORN?____

HOW CAN WE HELP YOU TODAY? WHAT ARE YOUR IMMEDIATE NEEDS RELATED TO MENTAL HEALTH AND/OR SUBSTANCE USE CONCERNS:____

____

____

Are you interested in a specific program? If yes, please name the program:

____

ARE YOU CURRENTLY HAVING THOUGHTS OF HARMING YOURSELF OR ANYONE ELSE?	☐ NO	☐ YES
DO YOU HAVE ANY CONCERNS FOR YOUR SAFETY?	☐ NO	☐ YES
ARE YOU SEEKING RESIDENTIAL TREATMENT SERVICES FOR SUBSTANCE ABUSE?	☐ NO	☐ YES

ANNUAL HOUSEHOLD INCOME: ______________________ # IN HOUSEHOLD? ________________________________
SOURCE(S) OF INCOME: (CHECK ALL THAT APPLY) ☐ EMPLOYMENT ☐ SSI ☐ SSDI ☐ FOOD STAMPS ☐ TANF
☐ OTHER: ____

DO YOU HAVE HEALTH INSURANCE? ☐ NO ☐ YES - IF YES, WITH WHOM AND INCLUDE YOUR ID NUMBER: ________________

____

RACE (CHECK ONLY ONE): ☐ AMERICAN INDIAN ☐ BLACK / AFRICAN AMERICAN ☐ ASIAN ☐ WHITE
☐ NATIVE HAWAIIAN/PACIFIC ISLANDER

☐ HISPANIC ☐ NOT HISPANIC PREFERRED LANGUAGE: ☐ ENGLISH ☐ OTHER ________________________________

OTHER LANGUAGES SPOKEN: ____

WHO REFERRED YOU HERE TODAY? ☐ MYSELF ☐ OTHER: ____

IF REFERRED BY THE COURT / CRIMINAL JUSTICE SYSTEM, IN WHAT COUNTY WERE THE LEGAL PROCEEDINGS HELD? ______________

____

ARE YOU CURRENTLY HOMELESS? ☐ NO ☐ YES IF YES, HOW LONG HAVE YOU BEEN HOMELESS? ________________________

HAVE YOU BEEN HOMELESS AT ANY TIME DURING THE PAST THREE (3) YEARS? ☐ NO ☐ YES IF YES, HOW MANY TIMES? _______

DO YOU NEED ANY SPECIAL HELP OR EQUIPMENT TO ACCESS SERVICES? ☐ NO ☐ YES -IF YES, WHAT? ________________________

MARITAL STATUS OF PERSON REQUESTING SERVICES: ☐ NEVER MARRIED ☐ MARRIED ☐DIVORCED ☐ SEPARATED
☐ WIDOWED ☐ LIVING AS MARRIED

DO YOU USE TOBACCO PRODUCTS (INCLUDING E-CIGARETTES, VAPING)? IF YES, HOW MANY TIMES PER DAY? ____________________

MILITARY STATUS OF CLIENT: ☐ NONE ☐ CURRENTLY ACTIVE ☐ PREVIOUSLY ACTIVE ☐ NATIONAL GUARD/RESERVE
MILITARY STATUS OF FAMILY MEMBER ☐NONE ☐ CURRENTLY ACTIVE ☐ PREVIOUSLY ACTIVE ☐ NATIONAL GUARD/RESERVE

I CONSENT TO RECEIVE TREATMENT AT RED ROCK BEHAVIORAL HEALTH SERVICES (RR). I AUTHORIZE RR TO USE/DISCLOSE MY HEALTH INFORMATIN TO OBTAIN PAYMENT FOR THE SERVICES RECEIVED. I UNDERSTAND A BILL MAY BE SENT TO ME AND/OR A THIRD PARTY PAYOR. I ASSIGN ALL INSURANCE BENEFITS TO WHICH I AM ENTITLED TO RR. THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING OR WHEN ALL THIRD PARTY CLAIMS ARE SATISFIED. **I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES.** I HAVE READ, OR HAD THIS INFORMATION READ TO ME, AND UNDERSTAND IT.

____ ____________________________
SIGNATURE DATE

____ ____________________________
SIGNATURE OF GUARDIAN, IF IN GUARDIANSHIP DATE

CLIENT NAME:________________________________ CHART #________________