



Admission Application

CONTAINS CONFIDENTIAL INFORMATION

This application for admission to Phoenix Recovery Center contains information that is confidential and must be completed only by the individual interested in becoming a resident at our facility.

Admission to Phoenix Recovery Center is available to male individuals, at least 18 years old, who have a history of substance abuse. Race, religion, and ethnicity are irrelevant to admission. Sex offenders, individuals with violent legal charges, and individuals with untreated mental health diagnoses are not eligible for our services. We at Phoenix have the right to refuse any applicants who do not meet these criteria for admission.

Please answer all questions thoroughly. If a question does not apply to you, please write N/A in the space provided by that question.

This completed admission application may be mailed or faxed to our main office:

Phoenix Recovery Center

1224 Jersey Street, Conway, AR 72032

Phone: 501-499-6696

Fax Number: 501-499-6639

This information is protected by Federal Confidentiality (42 CFR Part 2) and HIPAA (Health Insurance Portability and Accountability Act of 1996 45CFR Parts 160&164). This document may contain privileged or confidential information which may be protected from disclosure under Federal Regulation (42 CFR, Part 2) and other federal laws, and is intended solely for the use of the individual or group to whom this document is addressed. If you are not one of the named recipients, please notify the sender by e-mail, phone, or fax and destroy this document immediately. Any other use, retention, dissemination, forwarding, printing, or copying of this document is strictly prohibited.



Admission Application

Name: _____
First Middle Last

Social Security Number: _____ ADC Number: _____

Age: _____ State of Birth: _____ Date of Birth: _____

Current Address (Street, City, Zip Code): _____

If you are **currently** incarcerated, please fill out the following:

Name of Correctional Facility	Location/Address	Floor, Barracks, or Unit

What is your TE date? _____

Are you eligible for early release under Act679? _____

Are you currently in drug court? ___Y___N If yes, what county? _____

Telephone Number: _____ Alt. Phone Number: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Do you have children? ___Yes___No If yes, what are their ages?: _____

Who referred you to Phoenix Recovery Center? _____

List any individuals that may be contacted in case of an emergency:

Name	Address	Contact Number
_____	_____	_____
_____	_____	_____

What is the highest level of education you have completed? _____

Do you have any difficulties reading or writing? _____



Do you have a history of substance abuse or addiction? ___ Yes ___ No

Substance Used	Age of First Use	Date Last Used	How much/How often used

How many AA, CA, or NA meetings do you attend each week? _____

Are you willing to attend recovery meetings and work with a sponsor? ___ Yes ___ No

Have you recently been to a treatment facility (residential or outpatient)? ___ Yes ___ No

If yes, please list the name of the facility and dates attended? _____

If you are presently employed, provide the following contact information for your Employer:

Company	Contact Name	Address	Phone
_____	_____	_____	_____

If you are not employed, do you plan to look for work? ___ Yes ___ No

List **all** legal charges starting with current/most recent first:

Charge	Date of Incarceration	County & City	Class Felony	Release Date

Have you ever received a DWI or DUI? ___ Yes ___ No How many? _____

When did you receive a DWI or DUI? _____

Have you ever been convicted of any violent crimes? ___ Yes ___ No

Are you a registered sex offender? ___ Yes ___ No



Do you have any pending court dates? ____Yes ____No

If yes, please fill out the following:

Court Location	Court Date & Time	Judge
_____	_____	_____

Are you on probation? ____Yes ____No Are you on parole? ____Yes ____No

If yes, please fill out the following:

Officer Name & County	Address	Phone/Fax
_____	_____	_____

Date Sentence began: _____ Time Remaining: _____

Has transfer of from your county been approved by your Probation/Parole Officer? _____

Transfer must be approved and/or completed before admission to Phoenix Recovery Center

Do you have any food or medical allergies? ____Yes ____No

If yes, please list allergies. _____

Do you have any medical conditions (past or present)? ____Yes ____No

Examples include diabetes, high blood pressure, heart disease, Hepatitis, infections, etc

If yes, what are these conditions? _____

Have you been diagnosed with a mental health disorder(s) (past or present)? ____Yes ____No

Examples include schizophrenia, bipolar, depression, anxiety, mood disorders, etc

If yes, please list diagnosis(es): _____

When were you diagnosed and where? _____

Are you currently taking medication for this diagnosis? _____

Are you currently receiving counseling services or care for mental health? _____



Please list all medications you currently take:

Medication & mg	How often is this taken?	Reason for Taking

Will you be bringing these medications with you to Phoenix? _____

Are there any medications you are supposed to be taking but are not? Yes___ No___

Please list all medications you are supposed to take but are not:

Medication & mg	How often is this taken?	Reason for Taking

Have you been diagnosed with Tuberculosis (TB)? _____

Are you currently taking medication for treatment or prevention of TB? _____

Have you ever been diagnosed with an eating disorder? _____ Diagnosis: _____

Have you ever attempted to hurt yourself? _____

Have you ever had thoughts of hurting yourself? _____



**A MANDATORY 60 DAY STAY IS REQUIRED
FOR ALL DEPARTMENT OF COMMUNITY CORRECTIONS CLIENTS**

Cost of living and any financial arrangements will be discussed at time of admission to Phoenix Recovery Center.

FOR THOSE APPLICANTS WHO QUALIFY FOR RELEASE UNDER ACT679:

If accepted to Phoenix Recovery Center, you are required to pay the weekly rent of \$150.00. Failure to meet this financial obligation to Phoenix will result in discharge and possible violation of parole conditions.

Please read the following statement:

SIGN ONLY IF YOU AGREE TO ALL THE STATEMENTS

I certify that the information in this application is true and correct to the best of my knowledge and belief. I understand that if I am accepted as a resident, a search of my property and possessions will be required. I agree to follow all the rules and regulations of the facility and may be evicted for failing to do so. I also understand that use and/or possession of drugs and alcohol, disruptive behavior, and non-payment of rent and fees will cause my immediate eviction from the facility without recourse.

SIGNATURE: _____ **DATE:** _____