BOULDER COUNTY PUBLIC HEALTH
SUBSTANCE ABUSE TREATMENT PROGRAM

Date:_____ ARC Number:_____

DACODs Number:_____

ADMISSION / REGISTRATION FORM

Name: _____ Social Security #: _____
Last First MI

Address: _____ Home Phone: _____

_____ Work Phone: _____

City: _____ State: _____ Zip:_____

Home address if different from mailing: _____

Date of Birth: _____ Age: _____Maiden/Other Name: _____

REFERRAL SOURCE:
❒ Self ❒ Social Services ❒ Probation / Courts ❒ Mental Health ❒ Other_____

SEX: ❒ Male ❒ Female Highest year of education completed: _____

MARITAL STATUS: 1) Never Married 2) Married 3) Widowed 4) Divorced 5) Separated

EMPLOYMENT STATUS:
1) Full-time
2) Part-time
3) Housewife full-time / unemployed
4) Unemployed student
5) Unemployed other
6) Seasonal / Migrant

Ages of dependent children: _____

Total number of persons dependent on household income: _____

Gross household income: _____ per: Monthly / Yearly / Weekly / Bi-weekly
Quarterly / Semi-monthly

The information I have furnished is complete and accurate to the best of my knowledge. I give consent for the Addiction Recovery Center staff to perform physical assessment and screening procedures considered necessary for me.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Intangible Income: Yearly income per number in household.

1) $5,244 2) $6,300 3) $7,308 4) $8,208 5) $9,000 6) $10,008 7) $10,544 8) $11,592

	Admit Date	Counslr. ID	Dischrg. Date	Counslr. ID		Admit Date	Counslr. ID	Dischrg. Date	Counslr. ID
1					**2**				