

Today's Date: _____ Phone number to contact you: _____

Hannon House Application

A Men's ASAM Level 3.1 State Approved Residential Program

CONTACT US: 406-217-6692 cell or 406-422-4828 office

Please read the entire packet and fully understand the policies of being accepted into a Level 3.1 residential treatment facility. We accept fully committed people who want to remain clean & sober while improving themselves and their community.

MONTANA MEDICAID INSURANCE IS ACCEPTED. There is a \$450 monthly service fee for non-covered services as per ARM: [37.85.204 MEMBER REQUIREMENTS, COST SHARING](#) *

Note: Financial assistance is available on request for first month service fee.

Send completed forms to:

**Hannon's House
1112 Leslie Ave
Helena, MT 59601**

or by email: trussell@instarhelena.com

To be accepted into the program, this **application must be completed in its entirety** and an interview with the program director will be set up before acceptance into the program. Carefully read and complete **all** questions to the best of your knowledge.

Please **print** clearly:

Name: _____

Date of Birth: _____ **Age:** _____

Social Security #: _____

Expected move in date, provide approximate month and day:

Felony convictions or any pending legal case(s): _____

Probation officer name: _____ **Contact Information:** _____

Case Manager name: _____ **Contact Information:** _____

Do you have to register as a violent and/or sexual offender? Violent _____ **Sexual** _____

Phone number you can be reached for an interview: _____

Where are you currently residing, mailing address: _____

Do you have any special needs and/or physical disabilities? Yes ___ No ___

If yes please explain:

Where are you currently employed: _____

Last use / drug(s) of choice: _____

List prior inpatient/outpatient treatment including for mental health: _____

List all medications that you take:

Prescribing Physician: _____ Contact Information: _____

Do you have Montana Medicaid? Yes ___ No ___ Your Medicaid Number _____

Do you have a valid driver's license? ___ Vehicle? ___ Make: ___ Model _____

(Copy of driver license, insurance coverage and registration must be on file to drive).

It is a requirement of the program that you will be employed and also attend and participate in our treatment program that includes a total of 7 hours per week of life skills activities and substance use treatment services based on the SAMHSA 8 Dimensions of Wellness

By signing below, I understand and agree to meet the following expectations, if accepted as a resident:

I agree to remain clean and sober at all times. I understand that if I violate this policy, I could/will be immediately dismissed from Hannon House _____ (Initial)

I agree to pay my monthly fee on due date _____ (Initial)

I agree to follow the policies and regulations of Hannon House. I understand that if I violate those agreements, I may be dismissed from Hannon House _____ (Initial)

Signature: _____

Print name: _____ **Date:** _____

Thank you for completing this application.

** This includes landline phone, internet, laundry, cable TV, special events, transportation, needed clothing, and other approved non-covered items and services.*

We will contact you for an interview before acceptance to the program.