

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.
PLEASE NOTE: MINIMUM 90 DAY STAY IS REQUIRED

Send completed forms to:

Hannon's House 1112 Leslie Ave Helena, MT 59601	or by email: ryan@instarhelena.com trussell@instarhelena.com
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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. Minimum 90-day stay is required. Please print clearly:

Name: _____

Date of Birth: _____

Age: _____

Social Security #: _____

Expected move in date, provide approximate month and day: _____

Felony convictions: _____

Pending legal case(s): _____

Probation officer name: _____ Contact Information: _____

Case Manager name: _____ Contact Information: _____

Please list agencies your working with. (Ex: CPS, Treatment Courts, Pretrial, Mental Health, etc...)

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: _____

\$450 monthly service fee. Financial assistance available

Thank you for completing this application.

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