The Confederated Tribes of the Colville Reservation  
San Poil Treatment Center  
11614 Highway 21 South  
Keller, WA 9914  
Phone (509) 634-2050

**SAN POIL TREATMENT CENTER CLIENT APPLICATION**

Client Name: Click or tap here to enter text. Today’s Date: Click or tap to enter a date.

Tribal Member (Enrolled or HIS Eligible)?  Yes  No Tribe: Click or tap here to enter text.

Insurance Information: Click or tap here to enter text. ID#: Click or tap here to enter text.

Desired date to move into the San Poil Treatment Center: Click or tap to enter a date.

DOB: Click or tap to enter a date. SSN: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Current Physical Address: Click or tap here to enter text.

Current Mailing Address: Click or tap here to enter text.

Do you:  Own  Rent Monthly payment: Click or tap here to enter text.

How long have you lived there? Click or tap here to enter text.

What is your monthly gross income? Click or tap here to enter text.

Are you receiving welfare or other non-job-related income?  Yes  No

If yes, please explain: Click or tap here to enter text.

Marital Status:  Single  Married  Separated  Divorced Widowed Partnership

Level of education completed:  High School  College  Grad School  Other: Click or tap here to enter text.

OTHER INFO

Veteran – If yes, what branch: Click or tap here to enter text.

Pregnant – If yes, what is your due date? Click or tap to enter a date.

Valid Driver’s License  Have a car – If yes, is it registered and insured?  Yes  No

Current treatment center: Click or tap here to enter text. Expected discharge date: Click or tap to enter a date.

Who referred you to us? Click or tap here to enter text.

**SAN POIL TREATMENT CENTER AUTHORIZATION TO RELEASE INFORMATION**

Name of resident: Click or tap here to enter text. DOB: Click or tap to enter a date.

I hereby authorize **San Poil Treatment Center, 11614 Highway 21 South, Keller WA 99140**

To disclose or obtain information from: Click or tap here to enter text.

Including my:

Medical history

Alcohol and drug abuse treatment records

Laboratory reports

Psychological evaluations

Other: Click or tap here to enter text.

For the purpose of admission screening, all information I hereby authorize to be obtained from the agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

Ninety (90) days unless an otherwise an earlier time period of: Click or tap here to enter text.

One (1) year

The period necessary to complete all transactions on account-related services provided to me

I understand that unless otherwise limited by state of federal regulation, and except due to the extent that action has been taken which was based on my consent, I may withdraw this content at any time.

Signature of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPTC Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be used only if Resident withdraws consent:

Signature of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosures without specific consent of the person to whom it contains. A general authorization is NOT sufficient for such release. The Federal riles restrict any use of this information from a criminal investigation or to prosecute any alcohol or drug abuse patients.



**RECOVER AND SUBSTANCE ABUSE HISTORY**

Do you think you have a problem with alcohol? Click or tap here to enter text.

If yes, please explain: Click or tap here to enter text.

Do you think you have a problem with drugs? Click or tap here to enter text.

If yes, please explain: Click or tap here to enter text.

Primary addiction: Click or tap here to enter text. Date of last use: Click or tap to enter a date.

List the drugs/alcohol you used addictively:

1st:Click or tap here to enter text. Route: Click or tap here to enter text.

Date of last use: Click or tap to enter a date. Age of first use: Click or tap to enter a date.

2nd: Click or tap here to enter text. Route: Click or tap here to enter text.

Date of last use: Click or tap to enter a date. Age of first use: Click or tap to enter a date.

3rd: Click or tap here to enter text. Route: Click or tap here to enter text.

Date of last use: Click or tap to enter a date. Age of first use: Click or tap to enter a date.

**EMERGENCY CONTACTS  
List people not residing with you.**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**OTHER INFO**

Please list your hobbies and/or interests: Click or tap here to enter text.

What would you say your best characteristics are? Click or tap here to enter text.

Do you have a primary care physician?  Yes  No

If yes, who? Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

**EMPLOYMENT INFO**

Are you employed:  Yes  No

Current employer: Click or tap here to enter text. Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Position: Click or tap here to enter text.

List your last three employers, if applicable:

Company: Click or tap here to enter text. Supervisor Name & Phone: Click or tap here to enter text.

Company: Click or tap here to enter text. Supervisor Name & Phone: Click or tap here to enter text.

Company: Click or tap here to enter text. Supervisor Name & Phone: Click or tap here to enter text.

If unemployed, what are your plans for getting a job? Click or tap here to enter text.

Please list your vocational skills/specialized training or certificates: Click or tap here to enter text.

**LEGAL INFO**

Have you been arrested in the past 30 days?  Yes  No  
If yes, please explain: Click or tap here to enter text.

Are you a registered sex offender?  Yes  No  
If yes, what level? Click or tap here to enter text.

Are you currently on parole or probation?  Yes  No  
If yes, list probation officer name and phone: Click or tap here to enter text.

Are you mandated?  Yes  No

Are you experiencing legal problems (i.e. court dates, warrants, active restraining orders, etc.)?  Yes  No  
If yes, please explain: Click or tap here to enter text.

**MEDICAL & RECOVERY INFO**

Do you take any prescription medications?  Yes  No  
If yes, please list: Click or tap here to enter text.

Do you have any medical allergies or other conditions:  Yes  No  
If yes, please explain: Click or tap here to enter text.

When did you attend your last AA/NA meeting? Click or tap to enter a date.

How many meetings have you attended in the last 30 days? Click or tap here to enter text.

Do you already have a sponsor or a Recovery Coach?  Yes  No  
If yes, please list name and phone: Click or tap here to enter text.

Do you have any other recognized addictions or disorders (i.e. eating disorder, self-harm)?  Yes  No  
If yes, please explain: Click or tap here to enter text.

How long have you been clean and sober? Click or tap here to enter text.

How many previous recovery attempts/relapses have you had? Click or tap here to enter text.

Are you on any maintenance programs, and if so, which one(s): Click or tap here to enter text.

Are you interested in being on a maintenance program?  Yes  No  Maybe

Have you ever lived in a home shared by other people?  Yes  No

Do you anticipate any problems living in a group setting?  Yes  No  
If yes, please explain: Click or tap here to enter text.

Please list anything else you feel is relevant to this application: Click or tap here to enter text.

I authorize the verification of the information provided on this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_