

Blueprints For Recovery



BLUEPRINTS
FOR RECOVERY

Application for Admission

P.O. Box 10878 • Prescott, AZ 86304 • (888) 391.9772

www.BlueprintsforRecovery.com

Upon completion of application, please fax to (928) 441.2444

Application Instructions

We appreciate, value, and welcome your interest in Blueprints for Recover as well as beginning the recovery process.

Please complete the following application as thoroughly and honestly as possible. The information presented will help us in determining the appropriateness of our program for the applicant. Should the applicant be accepted and admitted, the accuracy of the information in each section will assist us in effectively understanding and helping the applicant with their recovery process.

Admission Requirements and Criteria

Blueprints for Recovery is not a medical facility. In the event that the applicant is not medically appropriate for admission, Blueprints for Recovery will require the applicant to enroll in a medical detoxification program. We will help facilitate an appropriate referral. Blueprints for Recovery does not accept any responsibility for the transportation, monitoring, or making arrangements for the applicants medical care but we are here to help you with that process.

Blueprints for Recovery is a voluntary program that challenges young men to participate in their recovery process. We are committed to this process and in creating a safe environment for the applicant to flourish in their recovery.

Additionally, it is understood that if the applicant is unwilling to participate, refuses to engage in the curriculum, or recalcitrant at any time during their tenure, Blueprints for Recovery reserves the right to immediately discharge the participant. In that situation, we assume no responsibility for the transportation, monitoring, or making arrangements for transfer to another facility.

Upon completion of the application, please fax to (928) 277-4349 for review.

Applicant's Information

First Name: _____ Last Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Cell phone: _____ E-mail address: _____

Financial Sponsor Information

Full Name: _____ Relationship: _____

Agency/Organization (if applicable): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Father's Information

Full Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Mother's Information

Full Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Referral Source Information

How did you first come to hear about Blueprints for Recovery? _____

If you found Blueprints for Recovery on the internet, please list key words/phrases that you used to find us:

Please tell us of any specific person who referred you to us.

_____ Please initial here if we have your permission to contact this person.

Name of Referral Source: _____

Their Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Emergency Contact Information (if other than applicant's parent(s))

Full Name: _____

Relationship to the applicant: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Therapeutic and Medical History

Applicant's Name: _____

Professional Involvements (Use additional pages if necessary)

Please list all mental health professionals and treatment programs that the applicant has been involved with. Please indicate those professionals and/or organizations that ongoing involvement with the applicant and/or family is required.

Full Name: _____ **Update:** ___ Yes ___ No

Program Name (if applicable): _____

Types of services: _____

Date of Service: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Full Name: _____ **Update:** ___ Yes ___ No

Program Name (if applicable): _____

Types of services: _____

Date of Service: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Full Name: _____ **Update:** ___ Yes ___ No

Program Name (if applicable): _____

Types of services: _____

Date of Service: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Number: _____ Fax: _____

Cell Phone: _____ E-mail address: _____

Date of Birth: _____

Comments:

Significant Medical History

Does the applicant currently have any medical or physical limitations or diagnoses? _____ Yes _____ No

If yes, what?

Is the applicant on a special or restricted diet for medical or personal reasons? _____ Yes _____ No

If yes, what?

Does the applicant have any allergies? _____ Yes _____ No

If yes, what?

History of surgeries/broken bones?

If yes, what?

Has the applicant ever been hospitalized other than for the previously mentioned?

If yes, what?

Addiction

Please tell us about applicant's addiction: (drug of choice, frequency of use, length of time using)

Medications

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

Are you in agreement with current medication related to diagnoses? _____ Yes _____ No

Comments:

Emotional/Mental Health Inventory

Has the applicant been give a diagnosis by a qualified mental health professional?

Diagnosis	Date Given	Name of Professional

Please check any that apply to the applicant:

Behavior	Check if applicable	Behavior	Check if applicable
Depression		Running away	
Anxiety		Death of a family member	
Hearing Voices		Death of a friend	
Cruelty to animals		Arrested/on probation	
Arson/fire setting		Violence towards others	
Psychiatric hospitalization		Suicide threat or attempt	

For any that were checked as applicable, please provide an explanation:

Legal History:

Has the applicant ever been arrested? If yes please provide an explanation.

Does the applicant have any pending charges or legal concerns? If yes, explain.

If applicable, please answer the following:

Name of Probation Officer: _____ Phone Number: _____

Name of Attorney: _____ Phone Number: _____

