Applicant Information
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Thank you for completing this application. Please use the space below to share other information with the Screening Committee that you feel is important for them to know about you. Please feel free to use the back of this page if you need further space to write. If there is no further information that you would like to share please sign and date this application on the bottom of the page.

My signature below reflects that I have answered all of the questions on this application honestly and to the best of my ability.

Applicant Signature **Date**

Please give the completed and signed RTEC-Authorization to Use and Disclose form and your application to the person referring you to the RTEC facility. These items will need to be included in your application packet.

Thank you for applying to the Residential Treatment Expansion Consortium. The results of your screening will be sent to the person who referred you.