

Residential Treatment Expansion Consortium Request for Services

Date: _____ Applicant's Name: _____

Referral Source:

Name: _____

Program Name: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

The above named is in need of admission for: (check all that apply)

Acute Services:

- | | |
|---|---|
| <input type="checkbox"/> Detoxification (Rimrock) | <input type="checkbox"/> Crisis Stabilization (Rimrock) |
| <input type="checkbox"/> Detoxification (MCDC) | <input type="checkbox"/> Crisis Stabilization (MCDC) |

ASAM 3.5:

- | | |
|---|--|
| <input type="checkbox"/> Rimrock Women's Beds | <input type="checkbox"/> Rimrock White Birch (Men) |
| <input type="checkbox"/> Elkhorn (Women) | <input type="checkbox"/> MCDC |

ASAM 3.1:

- | | |
|--|---|
| <input type="checkbox"/> White Sky Hope Lodge | <input type="checkbox"/> Light House |
| <input type="checkbox"/> Rocky Boy (NA Women) | <input type="checkbox"/> Miles City (Men) |
| <input type="checkbox"/> Kalispell Women Recovery Home | <input type="checkbox"/> Blue Thunder Lodge
Great Falls (NA Men) |
| | <input type="checkbox"/> Olive Branch
Bozeman (Men) |

Completed Application Includes:

- | | |
|--|--|
| <input type="checkbox"/> Applicant Information Form | <input type="checkbox"/> RTEC-Authorization to Disclose Form |
| <input type="checkbox"/> Request for Services Form | |
| <input type="checkbox"/> Current Chemical Dependency Assessment (includes BPS with ASAM Justification) | |
| <input type="checkbox"/> State Approved Financial Form (with required supportive documentation) | |

I have been informed that the intent of the RTEC program is to include a step down to a 3.1 RTEC home.

Applicant's Signature

Date

RTEC-Program Manager Use Only

Admission Approved

Admission Denied

Signature: _____ Date Approved/Denied: _____