| tRANQUILITY PLACE intake sheet **160 E. 800 So. STE B. Salt Lake City, Utah 84111 801.924.9240 (Phone) 801.924.9241 (Fax)** | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Name: | | | |
| Date of birth: | SSN: | | Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Emergency Contact | | | |
| **Name :** | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| Racial or ethnic group | | | |
| □ American Indian/Alaskan | □ Asian/Pacific Islander | | □ Black/African American |
| □ Hispanic/Latino | □ White/Caucasian | | □ Other: |
| HOW did you hear about us? | | | |
| □ Friend | □ Website | | □ Other: |
| fINANCIAL iNFORMATION **\*PLEASE NOTE: IF YOU HAVE MEDICAID PLEASE PROVIDE A COPY OF YOUR MEDICAID CARD FOR OUR RECORDS \*** | | | |
| Does your employer know you are in treatment? Y/N | | | |
| Employment Status: | | | |
| Employer address: | | | Income: |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Employable : Y / N | How long? | | Hire Date: |
| Dependents: |  | |  |
| Dosing else where? | | | |
| Are you currently dosing anywhere else? | | If So, what is the name | |
| Signatures | | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | | |
| Signature : | | | |
| Print name: | | | Date: |