| 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: |