

**RAINFOREST RECOVERY CENTER
APPLICATION FOR SERVICES**

Background Information

Date Last Name First Name Middle Name

Maiden Name (or other names you may be known as): _____

Gender: Female Male Date of Birth: _____

SSN: _____ Driver's License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Message: _____

Employer Name and Address: _____

Spouse/Guardian Name: _____ Phone: _____

Address _____

Name of Emergency Contact: _____ Relationship To You: _____

Home Phone: _____ Work Phone: _____ Message: _____

Address: _____

Please indicate the reason you are seeking services at Rainforest Recovery Center: _____

Please mark the level of service you're applying for? Outpatient Residential

Who referred you to Rainforest Recovery Center: JASAP/ ASAP Probation Court OCS Self

Other referral source: _____

Where do you plan to obtain continuing care? _____

You are currently living with: Family Relatives Friends Alone Other _____

Are you satisfied with this arrangement? Y N

How many children do you have? _____ List names and ages: _____

Does anyone hit or abuse you? Y N If yes, are you safe now? _____

Where were you born? _____

Where were you raised? _____

Who was your primary caregiver? _____

How many siblings do you have? _____ What number are you in birth order? _____

RAINFOREST RECOVERY CENTER
Health Profile

Client Name: _____ Today's Date: _____

Known Allergies: _____

Name of Medical Doctor: _____ Date Last Seen by Doctor: _____

Current Prescription Medications (Attach extra sheet if necessary and label with your name and today's date)

Type	Dosage	Frequency	Reason Taking

Current Over-the-Counter-Medications (Attach extra sheet if necessary and label with your name and today's date)

Type	Dosage	Frequency	Reason Taking

Have you ever experienced a seizure? Y N Date of last seizure: _____

Have you ever had a heart problem? Y N Date of last episode: _____

List any medical diagnoses or medical problems that you have or believe are important (Attach extra sheet if necessary)

List all hospitalizations for surgery or illness and provide dates (Attach extra sheet if necessary)

Are you pregnant? Yes No If Yes, what trimester? _____

Do you use tobacco products? Yes No If Yes, what kind of tobacco products and how much do you use daily?

If you have quit using **all** tobacco products, how long ago did you quit? _____

If you drink beverages with caffeine, how many cups of coffee or tea do you drink daily? _____ How many cans of soft drinks daily? _____ How many energy drinks daily? _____ Other caffeine products daily? _____

Have you ever used IV drugs? Yes No - If Yes, when was last IV use? _____

How frequently are you injecting drugs now? _____

How long have you been using IV drugs? _____

Have you ever been tested for HIV or HEP C? Yes No When were you tested last? _____

TB SCREEN: Have you ever had tuberculosis? Yes No

When and where was your last PPD? _____

PLEASE HAVE TB TEST RESULTS FORWARDED TO RRC WITH YOUR CURRENT HISTORY AND PHYSICAL

DRUG AND ALCOHOL HISTORY

This questionnaire provides valuable information that helps us conduct a thorough assessment of your treatment needs. Federal Law protects the confidentiality of this information. Please note: a urine drug screen is required at the time of your assessment and will detect drug use, honesty is noticed and appreciated.

ALCOHOL: At what age did you **start** drinking? _____ When did you **last drink** any alcohol? _____
How much did you drink last time? # beers _____; # shots _____; # mixed drinks _____; # wine glasses _____

Over the **past year**, about how often did you drink? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (on average) in one sitting? # beers _____; # shots _____; # mixed drinks _____; # wine glasses _____

At what age were you drinking the **heaviest** in your life? _____
How much at **heaviest** use (in one sitting)? # beers _____; # shots _____; # mixed drinks _____; # wine glasses _____

CANNABIS: At what age did you **start** smoking? _____ When was the **last time** you smoked pot? _____
How much? (few hits) (1/8 gram) (1/4 gram) (1 gram) (More)

Over the **past year**, about how often did you smoke? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (at one sitting)? (few hits) (1/8 gram) (1/4 gram) (1 gram) (More)

At what age were you smoking the **heaviest** in your life? _____
How much at **heaviest** use (in one sitting)? (few hits) (1/8 gram) (1/4 gram) (1 gram) (More)

COCAINE: When was the **last time** you used cocaine? _____ How? (smoking) (snorting) (IV)
How much did you use? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

Over the **past year**, how often did you use cocaine? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (at one sitting)? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

How old were you when you **first started** using cocaine? _____ At what age were you using the **heaviest**? _____
How much at **heaviest** use (in one sitting)? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

METHAMPHETAMINES: When was the **last time** you used meth? _____ How? (smoking) (snorting) (IV)
How much did you use? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

Over the **past year**, how often did you use meth? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (at one sitting)? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

How old were you when you **first started** using meth? _____ At what age were you using the **heaviest**? _____
At **heaviest** use, how much were you using? (less than 1/8 gram) (1/8 gram) (1/4 gram) (1 gram) (More)

OPIOIDS: Have you **abused** (taken more than prescribed or bought off street) Opioids (pain meds.)? _____
How used? (oral) (chewing) (snorting) (smoking) (IV) Date of **last** use? _____
Circle **all** that you have used: (OxyContin) (Perocet) (Percodan) (Vicodin) (Tylox) (Heroin) (Morphine) (Methadone) (Suboxone) (Fentanyl) (Demerol) (Hydrocodeine) Other _____

Over the **past year**, how often did you use Opioids? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (at one sitting)? (one 80 or less) (two 80's) (three 80's) (More) Other _____

How old were you when you **first started** using Opioids? _____ At what age were you using the **heaviest**? _____
At **heaviest** use, how much were you using? (one 80 or less) (two 80's) (three 80's) (More)

DRUG AND ALCOHOL HISTORY (page 2)

BENZODIAZEPINES: Have you *abused* (taken more than prescribed or bought off street) sedatives? _____
How used? (oral) (chewing) (snorting) (smoking) (IV) Date of *last* use? _____
Circle **all** that you have used: (Valium) (Xanax) (Ativan) (Klonopin) (Librium) (Restoril) (Tranxene) (Ambien)
(Lunesta) Other _____

Over the *past year*, how often did you use sedatives? (Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)
How much (in one sitting)? (1-2 tablets) (3-4 tablets) (More) Other _____

How old were you when you *first started* using sedatives? _____ At what age were you using the *heaviest*? _____
At *heaviest* use, how much were you using? (1-2 tablets) (3-4 tablets) (More) Other _____

OTHER DRUGS: Circle all that you have used in the past and put # times used (approximate) in blank:

Ecstasy___; Ritalin___; Adderall___; diet pills___; Roofies___; MDMA___; GHB___; Yellow Jackets___;
Mushrooms___; Peyote___; LSD___; Acid___; Steroids___; Coricidine___
Other _____

INHALANTS: Have you huffed gasoline, paint, nitrous oxide, or other gases? _____ About how many times? _____

OVER THE COUNTER: How often do you take OTC meds (such as Tylenol, Ibuprofen, Sudafed, etc.)?
(Daily) (3-5 x wk) (1-2 x wk) (1-2 x mth) (Less)

For what **physical problem(s)**? _____

DRUG OF CHOICE: (1) _____ (2) _____

Check any symptoms experienced: Cravings Tolerance Blackouts Withdrawals

Have you tried to cut down on your drug/alcohol use in the past? _____ Were you able to cut down? _____

What has been a problematic area for you in your life (check all that apply)?

- Partner uses Friends use Family uses Work in environment where people use
- Stress Money problems Conflict in relationships Confusion about life direction
- Mood swings Insomnia Anxiety/worry Feeling of loneliness Feeling of emptiness

Other _____

DRUG AND ALCOHOL TREATMENT

Start with your most recent treatment
(Attach extra sheet if necessary)

Where Treated	Reason for Treatment (self, court, job, etc.)	Date	Did you complete Aftercare?	How long clean & sober

List all prior and current legal history, including juvenile history and current charges: _____

Do you have pending court? Y N When: _____
 Do you have any outstanding warrants? Y N What for? _____
 Are you involved with Alcohol Safety Action Program (ASAP)? Y N
 Have you completed requirements? Y N Are you on probation or parole? Y N
 Attorney's name: _____ Name of Probation or Parole Officer: _____

List any past felonies you were convicted of and dates: _____

Have you ever been fired, disciplined, or quit a job due to alcohol or drug misuse? Y N When? _____
 Are you currently being treated for a mental health disorder? Y N Diagnosis: _____
 Have you been treated for a mental health disorder in the past? Y N Date of last contact: _____
 Have you ever attempted suicide? Y N When was most recent attempt? _____
 Do you have a family history of depression, emotional problems, or mental illness? Y N

Who in your family has these problems? _____
 Where do you do most of your socializing? _____

Do the majority of your friends use alcohol and/or other drugs? Y N
 What did you do last weekend? _____

Was alcohol and/or drugs a problem for anyone in the home where you were raised? Y N
 For whom: _____

Does your spouse or significant other use alcohol or drugs? Y N

RAINFOREST RECOVERY CENTER
3250 Hospital Drive
Juneau, Alaska 99801
Phone: (907) 796.8690 – Fax: (907) 586.5605

NO-SHOW FEE POLICY

- Appointments must be cancelled **24 hours in advance** in order to avoid a No-Show fee.
 - Cancellations **MUST** be called in to the front desk and **NOT** the counselors.
 - Payment is expected at time of service. If you come to your appointment and are unable to pay the service fee, this is considered a No-Show and the \$24.00 No-Show fee will be added to your account.
 - **The No-Show fee must be paid before rescheduling or attending any other program activity.**
- No-Show fees **CANNOT** be waived by anyone except the Program Director.
 - In instances where you wish to have the No-Show fee waived, you must present your request to the Program Director **within 48 hours**; otherwise the fee will remain on the account.
- Once a No-Show Fee has been charged, a client **CANNOT** be rescheduled until the fee has been paid.
 - The only exception to this will be for outpatient and continuing care groups since these appointments are previously scheduled. It is the client's responsibility to bring the \$24.00 No-Show fee to the next scheduled appointment.
 - **The client will not be allowed to participate in the group unless the No-Show fee is paid.**
- If a client receives **two (2) consecutive No-Show fees**, they may be discharged from the program and will have to reapply if they wish to continue treatment.

IF YOU COME TO RRC UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS

- ◆ You will not be allowed to participate in any program at RRC if you are under the influence of alcohol or other drugs and your presence at RRC will not count toward completion of your program.
- ◆ If RRC personnel believe you may be impaired, you will be asked about your current use and if you deny use you will be asked to submit to a Breathalyzer test or a urine drug screen (UDS).
- ◆ Anyone who is under the influence of alcohol or other drugs will be asked to leave the RRC campus. If you have driven a vehicle to RRC, you will be asked to leave your vehicle in the parking lot and arrange for safe transportation. RRC staff will be happy to assist you in arranging for transportation.
- ◆ If RRC personnel believe you are impaired and you drive your vehicle from the RRC campus, RRC personnel will notify Juneau Police Department that an impaired driver is leaving the RRC parking area and a description of your vehicle will be given to them.

Please sign acknowledging that you have read and understand the above policy.

Signature of Client

Date

**Rainforest Recovery Center At Bartlett
3250 Hospital Drive
Juneau, Alaska 99801**

Payment Instructions

Client Name _____ DOB _____ SSN _____ Date _____

1. Payment is expected at time of service. You may pay for the entire program in advance if you prefer and RRC billing department will estimate your program fee for you. Co-payment is required if you have insurance coverage. Contact the billing department to determine your co-payment amount. If you do not have insurance, you may apply for our discount program ("Sliding Fee Scale"). Contact RRC billing department to see if you qualify. To apply for the discount program, please complete the Sliding Fee application and provide proof of income or disability.
2. Payments must be kept current. Services may be delayed until account is current. Contact our billing department to set up an affordable payment plan.
3. Letters of compliance will be issued upon completion of the program only when account is paid in full or a payment agreement has been made and payments are current. If there was an unexcused absence during your program, it is considered a **NO SHOW** and a fee of \$24.00 will be assessed.
4. Cancellations that are made less than 24 hours in advance will be charged a \$24.00 fee.

Financial Information

1. Do you have insurance? Yes ___ No ___ If yes, please answer lines 2 – 6 below.
Unless you have prior written authorization, MEDICARE, VA, GRM, CAMA, SEARHC, or GEHA do not pay for RRC services.
If you have MEDICAID, Skip to line 12.
2. Name of insurance company: _____ Phone # _____
3. Address of insurance company: _____
4. Subscriber's Name: _____ Phone # _____ DOB _____
5. Subscriber's SSN: _____ - _____ - _____ Group # _____ Policy # _____
6. Subscriber's Employer: _____ Actively Employed _____ Retired _____
7. Do you have a Secondary insurance company? Yes ___ No ___ **If yes, answer 8 – 11**
8. Name and Address of Secondary insurance company _____

9. Subscriber's Name: _____ Phone # _____ DOB _____
10. Subscriber's SSN: _____ - _____ - _____ Group # _____ Policy # _____
11. Subscriber's Employer: _____ Actively Employed _____ Retired _____
12. Are you eligible for Medicaid? Yes ___ No ___ ID # 060

I have read and understand the above payment instructions. I certify that the information I have provided is true and accurate to the best of my knowledge. I give consent to the release of information to my insurance company and authorize payment directly to Rainforest Recovery Center at Bartlett.

Signature: _____ Date: _____

RAINFOREST RECOVERY CENTER
3250 Hospital Drive
Juneau, Alaska 99801
Phone: (907) 796.8690 – Fax: (907) 586.5605

Please note that if the application is not filled out completely, you will not be awarded a sliding fee discount.

Upon determination of your sliding fee scale you will be sent a letter explaining your status. Once you have received your status letter you may call and schedule your assessment appointment.

If you choose to schedule an assessment before you receive your Sliding Fee status letter you will be expected to pay the full price for services rendered until such time as the sliding fee status is determined.

***Please familiarize yourself with the RRC No Show policy. You will be charged a No Show fee if you come to your appointment and are unable to pay for services. ***

SLIDING FEE GUIDELINES

A person requesting that the Sliding Fee be considered for their account must:

- Complete the Sliding Fee Application
- Provide copies of submitted tax forms or
- Provide at least 3 months of income verification (wage earnings or disability) or
- Provide proof of income if self employed or
- Provide proof of income from Native Corporations and inheritance money if applicable
- Sliding fee applications cannot be approved without proof of income

If the client is married, the client's spouse MUST complete a separate Sliding Fee Discount Application and submit it with the client's application.

Any questions can be directed to Rainforest Recovery Center at 796.8442.

RAINFOREST RECOVERY CENTER
3250 Hospital Drive Juneau, AK 99801
Phone: (907) 796.8690 Fax: (907) 586.5605

SLIDING FEE APPLICATION

Name _____ Date of Birth: _____ Social Security # _____

Mailing Address _____ Phone # _____

Name of Spouse _____ **Children (Dependents) living at home**

Employment Information Name: _____ Age: _____ Relation: _____

Employer _____ Name: _____ Age: _____ Relation: _____

Work Phone: _____ Name: _____ Age: _____ Relation: _____

Spouses Employer _____ Name: _____ Age: _____ Relation: _____

Work Phone _____ Name: _____ Age: _____ Relation: _____

Number of Months for which income is listed: _____

For categories listed below, please itemize the **TOTAL** gross income received for the number of months indicated in the past year. You will need to provide verification for the amounts stated below.

Wages: _____ Self Employment: _____

Pension/Retirement: _____ Military Allowance: _____

Unemployment : _____ Disability Income: _____

Child Support: _____ Public Assistance: _____

Social Security: _____ Longevity Bonus: _____

Permanent Fund: _____ Other Dividends: _____

Other Income: (List): _____

I understand that this application is made so Rainforest Recovery Center can determine my eligibility for services under the Sliding Fee Program. If any information I have given is untrue, I understand that Rainforest Recovery Center may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant Signature

Date

IF YOU ARE APPLYING FOR OUTPATIENT SERVICES AT RRC PLEASE FOLLOW THESE INSTRUCTIONS

Intake Packet Instructions

This packet contains several forms that must be completed and returned to the receptionist before or at the time of your intake appointment. Please feel free to call us if we can assist you or answer any questions about this process. This application packet contains the following items:

- Background Information
- Health Profile
- Chemical Use History
- No-Show Fee Policy
- Consent for Services
- Payment Instructions
- Sliding Fee Scale Application

Scheduling an intake appointment: You may schedule an appointment for an assessment (intake) by calling 796-8690. We have several forms to be completed prior to that appointment, including a sliding fee scale application. Please contact the receptionist to make arrangements for completing these forms. We do not have childcare facilities at Rainforest Recovery Center (RRC) so please arrange for childcare prior to your appointments.

What to expect at the intake appointment: Before you meet with the assessment (intake) counselor you will have additional paperwork to complete, including an HIV & HEP C Risk Assessment Survey and a SASSI, so it is important that you arrive on time for your scheduled appointment. You will be required to participate in an observed urine drug screen (UDS) either before or after you meet with the counselor. Depending on individual circumstances, you may also need to give us written permission to provide and/or obtain information from outside sources. The clinician conducting the assessment will discuss initial treatment recommendations with you at the end of the session. **The entire intake process takes approximately three hours to complete so please allow plenty of time for this appointment. Please bring two forms of identification.**

Fees and Payment: **Payment is required at the time of service.** Reduced fees are available to qualified persons, but are not automatic. To qualify for the sliding fee scale, please complete the application forms that are included with this packet. Proof of income is necessary for us to process requests for reduced fees. If you have any questions regarding fees please contact our insurance verification clerk. You will not be eligible for a sliding fee until your application has been approved.

Summary of Rights and Responsibilities: A summary of your rights and responsibilities as a client at RRC will be provided at the time of your initial appointment. Please review this material carefully and feel free to ask RRC staff if you have questions about any of this information.

Location: Rainforest Recovery Center is located behind Bartlett Regional Hospital. Follow Hospital Drive past the hospital to the parking lot behind the hospital. RRC is a freestanding facility along the back of this lot.

IF YOU ARE APPLYING FOR RESIDENTIAL SERVICES AT RRC PLEASE FOLLOW THESE INSTRUCTIONS

Thank you for your inquiry regarding services at Rainforest Recovery Center (RRC). Accompanying this correspondence is the application packet for residential services at RRC. To expedite the application process, please be sure that you follow the instructions listed below:

- Complete the entire application.
- Confirm that all signatures are witnessed where indicated.
- Initial all appropriate areas on the Authorization to Disclose Health Care Information (Release) forms and include the purpose for the Release. A blank Release can be picked up at our reception area, downloaded from our website, or we can fax a copy to you.
- **ANY PENDING MEDICAL OR DENTAL APPOINTMENTS MUST BE COMPLETED PRIOR TO ADMISSION TO THE RESIDENTIAL PROGRAM.**
- **RRC MUST APPROVE YOUR PRESCRIPTION OR OVER-THE-COUNTER MEDICATIONS PRIOR TO ADMISSION.** If approved, your over-the-counter medications must be in unopened, factory-sealed containers. Admitting staff will identify all prescription medications. Unidentifiable or unapproved medications will be stored in the RRC safe and unavailable during the residential program. They will be returned only with the approval of the Medical Director at time of discharge. RRC does not supply medications of any kind. RRC recommends you bring a 30-day supply of approved medications with you.
- You must have two forms of identification with you; one must be a picture ID.
- Provide a History and Physical completed by your medical doctor within the last 30 days. Include a list of all medications and dosages and the results of a recent tuberculosis test. Provide RRC with a Release for your medical doctor.
- Provide a recent psychiatric evaluation including a list of medications and dosages if applicable. Provide RRC with a Release for your psychiatrist.
- If you are coming from outside Juneau, RRC must receive a copy of a local assessment, completed within the last 30-days at the state-approved facility where continuing care services will be obtained. Provide RRC with a Release for the local treatment facility.
- Provide RRC with current legal information, including pending charges, jail time, or court dates. Provide RRC with a Release for your attorney, probation or parole officer.

Once RRC has received all of the necessary information, the application will be reviewed. If approved for admission into the residential program, a date of admission will be provided. You are responsible for travel arrangements, travel expenses, and notifying RRC of your arrival date and time. Please notify RRC immediately if there are any changes in the travel itinerary. RRC will provide transportation from the airport or ferry terminal. Please call RRC with any questions or if assistance is needed in the application process.



3250 Hospital Drive, Juneau AK 99801 Phone: (907) 796.8690 – Fax: (907) 586.5605

RAINFOREST RECOVERY CENTER RESIDENTIAL PROGRAM DOWN PAYMENT AGREEMENT

Rainforest Recovery Center operations are funded by a combination of State and local grants, support from Bartlett Regional Hospital, and client revenues. The grant funding and support cover only a portion of our operating costs, but allows us to offer a sliding fee scale to clients.

Due to rapidly increasing health care costs, it has become even more essential that clients pay their share of the cost of services. This agreement is your initial commitment to paying for RRC services. Please read and sign the statement below.

I _____, understand that before I am able to enter Rainforest Recovery Center residential rehabilitation program, I will be required to pay the standard \$500.00 down payment. If I qualify for a sliding fee scale I understand that I will be required to pay the adjusted down payment amount prior to or at the time of admission to the residential program. This down payment will be applied toward any charges relating to my residential stay.

If I have insurance or other healthcare benefits, I understand that they will be billed and the down payment will be used to cover any expenses that are not covered by insurance or other healthcare benefits. I understand that I am responsible for incurred charges not paid by insurance or other healthcare benefits. I understand that insurance payments may not be received for 60 to 180 days following my discharge.

I understand that if I believe I may qualify for a reduced payment amount, I must complete a sliding fee scale application and provide appropriate documentation to the RRC Insurance Verification Clerk. I agree to abide by my financial contract.

Signature of Applicant

Date

Signature of Witness

Date

**RAINFOREST RECOVERY CENTER
Preparing for Residential Admission**

**ITEMS TO BRING WITH YOU
BRING ENOUGH FOR FOUR WEEKS**

THERE ARE LIMITED SHOPPING TRIPS DURING YOUR RESIDENTIAL STAY

Warm coat, gloves, winter hat, and boots for outside activities. Waterproof material is preferable.

Personal clothing for daily wear. Clothing cannot display liquor and/or drug logo or be sexual in nature. Clothing cannot be revealing or have excessive holes, tears, or rips. RRC provides a washing machine, dryer, and detergent at no cost.

Loose, comfortable clothing and tennis shoes for exercising.

Bathing suit for swimming. Revealing suits, such as bikinis or Speedo-style men's suits are not permitted.

Personal items, such as toothbrush, toothpaste, hairbrush, comb, etc. **PLEASE NOTE:** If you bring a hairdryer, curling iron, or other hairstyling appliance, it must have a factory-installed three-pronged plug, otherwise these items are considered a safety hazard and you will not be permitted to use them. Any item that does not meet safety standards will be stored until discharge. Three-pronged adapters or a three-pronged plug replacing an original standard plug are not acceptable.

Hand cream, shampoo, conditioner, mousse, gel, or other personal hygiene products **cannot have alcohol in the first three ingredients**. Any item that does will be stored until discharge.

Small family photographs are welcomed.

You will need quarters or a telephone card. Telephone hours are limited. Incoming calls are not permitted on the client pay phone. We will be unable to acknowledge the presence of any client unless we have a properly signed Authorization.

BRH/RRC is a tobacco free facility; this means that all tobacco products are considered contraband and will not be authorized during your stay at RRC. If you are a tobacco user you will need to bring enough supplies of nicotine replacement therapy (patches, gum or lozenges) to last about five week.

Bring a 30-day supply of all prescription and over-the-counter medications that you currently take and that have been approved by RRC. Over-the-counter medications must be in unopened and factory-sealed containers. RRC does not allow certain medications. Please discuss medications with the intake counselor before your arrival. Unapproved medications will be stored in the safe and returned only with the approval of RRC Medical Director.

Please bring information regarding the date of your last TB test, where it was taken, and the test results.

Do not bring jewelry or large amounts of cash. Your down payment should be given to the Insurance Verification Clerk at the time of your admission. If after hours, the down payment can be given to an RRC staff member and it will be placed in the safe until the next business day.

RRC does not permit televisions, cell phones, hand-held electronic games, DVDs, or personal videos.

No perfume or shaving lotion permitted.

Bartering among clients is not permitted.

PLEASE ADHERE TO THE GUIDELINES ABOVE. ALL BELONGINGS WILL BE SEARCHED UPON ARRIVAL. Items not approved will be placed in a safe until discharge. If you have any questions about what to bring with you, please call before you arrive.