

Central Oregon Extended Unit for Recovery
Rimrock Trails Adolescent Treatment Services

PROVIDING QUALITY ADDICTION TREATMENT TO OREGON'S YOUTH

Visit our web site at: www.rimrocktrailsats.com
Residential, Outpatient and Educational Services

1333 NW 9th St

Phone 541.447.2631

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FINANCIAL/CLIENT APPLICATION

DATE _____ Date of Admission: _____
CLIENT NAME _____ DOB: _____ Client # _____
SS# _____ Height: _____ Weight: _____ Tattoo's/Scar: _____
Eye: _____ Hair: _____ Grade: _____
Medical Concerns: _____

Level Of Care Assessment Educational .05 OP(Level 1) OP (Level 2) Residential (Level 3)

Person Providing Service: _____

Parent /Guardian Name: _____
Address: _____ Yr There: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone # _____ SSN: _____
Rent Or Own Home: _____ Driver's License # _____

Employer Name: _____ Phone #: _____
Address: _____ Yr There: _____
City: _____ State: _____ Zip: _____
Current Salary: _____ Other Income: _____

Monthly Household Income: _____ Number in Household: _____

Parent /Guardian Name: _____
Address: _____ Yr There: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone # _____ SSN: _____
Rent Or Own Home: _____ Driver's License # _____

Employer Name: _____ Phone #: _____
Address: _____ Yr There: _____
City: _____ State: _____ Zip: _____
Current Salary: _____ Other Income: _____

EMERGENCY CONTACT: _____ PHONE: _____
RELATIONSHIP TO CLIENT: _____

REFERRAL SOURCE: NAME: _____ PHONE: _____

PROBATION OFFICER: _____ PHONE: _____

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INSURANCE INFORMATION:

PRIMARY CARE DOCTOR: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **PHONE:** _____

Name of company _____

PLAN TYPE _____

Customer Service Phone # _____

Pre-Auth Phone # _____

Card Holder _____

DOB _____

EMPLOYER: _____

Group # _____

ID# _____

SECONDARY INSURANCE:

Name of company _____

PLAN TYPE _____

Customer Service Phone # _____

Pre-Auth Phone # _____

Card Holder _____

DOB _____

EMPLOYER: _____

Group # _____

ID# _____

Please submit past 3 months payroll stubs and or copy of last year's taxes – or Self Employed
- last years Income report. Include copy of Insurance cards and or Current OHP card.