

**Rimrock Trails Adolescent Treatment Services**

[www.rimrocktrailsats.com](http://www.rimrocktrailsats.com)

Residential Campus: 1333 NW 9<sup>th</sup> St., Prineville, OR 97754  
Phone: (541) 447-2631 FAX: (541) 447-2616 Toll Free: 1-888-532-6237

Outpatient Services: Bend, Redmond, La Pine and Prineville  
Phone: (541) 447-0146 FAX: (541) 447-0147 Toll Free: 1-877-460-3327

**FINANCIAL/CLIENT APPLICATION**

**Please complete all information**

**Referral Date:** \_\_\_\_\_ **Client #** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Tattoo's/Scar:** \_\_\_\_\_

**Eye:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Client cell number:** \_\_\_\_\_

**Assessment Date & Time:** \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_

**Level Of Care:**  Educational 0.5  OP (Level 1)  OP (Level 2)  Residential (Level 3)

**Group:**  Bend  Redmond  Prineville  La Pine

**Counselor Providing Service:** \_\_\_\_\_

**Parent /Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Yr There:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Rent Or Own Home:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Yr There:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current Salary:** \_\_\_\_\_ **Other Income:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Location:** \_\_\_\_\_  Checking  Saving

**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(Other than parent) :** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP TO CLIENT:** \_\_\_\_\_

**REFERRAL SOURCE: NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROBATION OFFICER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Request for: Deschutes County SE 66 Funds** \_\_\_\_\_

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**PRIMARY CARE DOCTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**INSURANCE INFORMATION:**

**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#** \_\_\_\_\_

**Without proof of insurance at time of, or before Assesment you will be responsible for full payment day of service.**

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

I want to receive electronic billing:  Yes  No

If yes: Email Address: \_\_\_\_\_