

Crossroads' Turning Points, Inc.
APPLICATION FOR ADMISSION
STIRT PROGRAM

(Client must enter this program for an uninterrupted three-week stay)

ALL COMPLETED test materials and information (LSI, ASUS, the PSI or DOC Paperwork) must be sent with this application.

Name of Client: _____ Contact #: _____ Date: _____
Person making referral: _____ Judicial Dist: _____ Title: _____
Agency: _____ Phone#: _____ Fax#: _____
Probation/Parole Officer: _____ Judicial Dist: _____ Agency: _____
Phone#: _____ Fax#: _____ Requesting admission date: _____

INFORMATION ABOUT THE CLIENT:

Has client been in STIRT before? Yes No Date of Birth (**Must be 18+**): _____
Number of Felony Convictions: _____ Drug Related? Yes No Violent? Yes No
Is client's current case a: Felony, Misdemeanor or Deferred Felony? _____
Does client have any pending case(s)? Yes No If yes, type of case(s): _____
Will the client go to jail after STIRT? Yes No If yes, why? _____
Age of Client's first arrest: _____

REQUIRED TEST RESULTS: Note: LSI of 29 or higher with treatment level 4c.

LSI (current): _____ SSI: _____ TX LEVEL: _____
ASUS scores: Invl: _____ Disrpt: _____ Social: _____ Mood/Emotion: _____ Defensive: _____

Medical/Dental Conditions:

STIRT is a non-medical facility and is not appropriate for clients with serious medical/dental problems or special medical/dental needs.

Psychiatric Conditions: _____

(Clients must be free of overt psychiatric symptoms and, if needed, maintained and stabilized on appropriate medications.)

Prescribed Medication: _____

(Any necessary medications must accompany the client along with a clearance for the medication from the prescribing doctor.)

Behavioral Problems: Recent history of: Violence? Yes No Arson? Yes No
Disruptive behaviors? Yes No Threats of Violence? Yes No

Is client presently in treatment? Yes No If yes, where: _____

Will client return to that program after STIRT? Yes No

Will client go to another program after STIRT? Yes No

Client's primary drug(s) of choice: _____

(Note that client must be completely detoxified prior to admission to STIRT or they will be transported to Crossroads CIC Unit)

Comments or concerns: _____

****Referral of a client to the STIRT Program constitutes agreement by the Probation/Parole Officer to provide follow-up information.****

D.O.C#: _____ CASE#: _____

Projected Probation/Parole End Date: _____