

## FREQUENTLY ASKED QUESTIONS

**Applications:** To get an application for the Circle Program, or if you have any questions regarding how to fill it out, please contact us at (719) 543-8751.

Once the application is filled out **COMPLETELY**, *including* the CURRENT PSYCH EVAL, you can mail, fax or email to us.

Mail: 1711 E. Evans Avenue  
Pueblo, CO 81004  
Fax: (719) 404-1786  
Email: [RFreeman@crossroadstp.org](mailto:RFreeman@crossroadstp.org)

Applications are reviewed weekly and emails get sent in the afternoon. Once accepted, then the person goes on the waiting list. Clients will come in in the order they were accepted.

**If they can't wait that long, please call the National Treatment Referral Hotline at 1-800-662-4357. They have a list of agencies throughout the state.**

### To Fill Out the Application

**Demographics:** This is basic client information. Please answer each question.

**Referral Source:** This is who helps the client fill out the application. This is whom we contact regarding application status. We send the letters or call the referral source after reviewing the application.

**Admission Status:** We do accept voluntary clients as well as persons under a condition of probation. If your case is pending and this is a condition of probation, we need to know this. If on probation, we need the probation officer information as well as a Standardized Offender Assessment. This is a survey that comes from probation. Often it is the ASUS or LSI.

**Registered Sex Offender:** If client is a registered sex offender, they **MUST** have completed sex offender therapy and provide verification to qualify as this is a co-ed program.

**List Substances Abused:** Please complete to the best of your knowledge. This includes any/all forms of tobacco use.

**History of Drug/Alcohol Treatment:** Client **MUST** have previous in-patient or intensive out-patient treatment to qualify. Circle is the most intense program in Colorado and clients, who have not had any experience in treatment, get so overwhelmed that they fail. This is not a beginning treatment facility.

**Psychiatric Diagnosis:** You must submit a current psych eval (within the last year), to prove dual diagnosis. You must have a mental health diagnosis as well as drug or alcohol diagnosis.

**Medical Information:** Please include a list of current meds and dosages from the prescribing physician as well as medical clearance to participate in the program.

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**Legal Information:** Please complete. If you mark yes, please explain. Do not leave anything blank.

**Treatment Plans:** Please complete.

**Discharge Plans:** There must be a verifiable address as to where the client will go upon discharge. We will not put people through intense treatment and then turn them out to the streets.

**Discharge Treatment Provider:** This is the client's support system after discharge.

**Insurance/Billing:**

We will bill the insurance company first, after that we bill on the ability to pay; we NEVER let the money influence whether or not they qualify.

**ASAM Criteria:** Please complete. If yes, please explain.

- Client must sign and date the Application on the bottom of page 5.
- Client must hand write a letter explaining why they want to enroll in the Circle Program.
- Client must sign and date the Client Agreement.
- Client must sign bottom of the Authorization and Consent for Release of Confidential Information, as well as complete the top of the form with the information we are receiving from various entities.
  - A. Psychiatric –Where your psychiatric evaluation comes from
  - B. Medical-where your medical clearance is from
  - C. Legal –probation/parole officer and LSI or ASUS, etc.

**Remember to fill out completely; leave nothing blank. If you have more questions, please email Rosie Freeman [RFreeman@crossroadstp.org](mailto:RFreeman@crossroadstp.org)**

