

CLIENT AGREEMENT

- I understand that I will NOT be given an admission (bed date) until I return this signed form.
- I understand that the goal of the Circle Program is to help me stabilize both chemical dependency and mental health problems and agree to work actively on both these issues and to take prescribed medication for my conditions.
- I understand that successful completion of the Circle Program requires approximately three (3) months.
- I further understand and agree to have all Court appearances and other legal matters completed prior to being given an admission date to the Circle Program. I will insure court papers specifying my sentence will be emailed to the Circle Program: RFreeman@crossroadstp.org
- I am willing to respect the confidentiality of other clients. I am willing to reveal information about myself in groups knowing that others have promised to maintain my confidentiality.
- I understand that I must sign the accompanying release of information form for my Parole or Probation officer before my application will be considered. My decision to rescind this release reflects my decision to leave the Circle Program without a Certificate of Attendance or Completion.
- My medical problems are stable, and I am willing to postpone treatment for non-emergency conditions until completing the program.
- I understand that bringing contraband onto the CROSSROADS campus and the use of illicit drugs may result in my immediate discharge and possible legal charges. I further understand that physical violence or threats against staff or another client as well as sexual misconduct may result in my immediate discharge with no Certificate of Completion of the program.
- I understand the Circle Program is an AOD/tobacco free environment and will not bring or use AOD or tobacco products including E-cigarettes and paraphernalia, during my treatment stay. Healthcare products containing alcohol and tobacco product brought to the program will be confiscated and destroyed. Please do not bring these products with you.
- I understand that if I am on any benzodiazepines or narcotics (Ativan, Xanax, Klonopin, Valium, Vicodin, Percocet, etc.) or any stimulants (Ritalin, Adderall, etc.), I must be off all of these types of medication and on alternative effective treatment prior to being given an admission date (bed date). I understand that if I come in on any benzodiazepines or narcotics, or in need of alcohol withdrawal, I may be discharged until I am detoxed from these medications. This may result in a delay in admission and/or being placed on the bottom of the list.
- To show my continued interest, I agree to phone the Program at (719) 543-8751 on a weekly basis. If there are changes in my status I will contact the Program as soon as possible.
- I understand and agree to provide my own transportation *to and from* the Circle Program, including airfare, bus, taxi, etc.
- I understand the Treatment Team reserves the right to request additional commitments from me about my participation in treatment on an individual basis. Failure to comply with the above stipulations of the agreement may result in premature discharge from the Program.
- I understand that if I am a re-admission to the Circle Program, I must submit a letter identifying why I did not initially complete the program, a description of how those problems will not be repeated, and my reason(s) for seeking re-admission into the Program. This letter must be submitted with my application.
- I understand that my admission to the Circle Program signifies my willingness to participate in my treatment regardless of my willingness to sign this agreement.
- Please consider contacting me on short notice if a bed becomes available prior to my scheduled admission date. Y/N
- I agree to abide by the clothing and supply limits and will not bring excess items upon admission.

Prospective Patient (Signature)

Date

Prospective Patient (Print Name)

**Please return with Circle
Admission Questionnaire
RFreeman@crossroadstp.org
1711 E. Evans Avenue
Pueblo, CO 81004**

Name of person explaining form to Prospective Patient