



## CRCI Residential Program Pre-Screening Form

### Applicant Information

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_  
(Enter "NMN" if no middle name)

**Last Name:** \_\_\_\_\_

Are you willing and ready to make a change in your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to thrive with only medications on the approved list or without medications? <a href="#"><u>Approved/Prohibited Medications List</u></a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to care for yourself without the help of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to abstain from nicotine for the duration of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally able to participate in all aspects of the program? (Able to relocate to a county where services are provided/no active warrants, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you certify that you are NOT on the sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to seek help with a substance abuse-related issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Current Substances Used

(Please select any substances you are currently using or have used in the past week.)

PCP       Alcohol       Marijuana  
 Cocaine / Crack       Methamphetamine       Xylazine ("Tranq Dope")  
 Opiates (Heroin, Morphine, Codeine)       Opioid Pain Meds (Vicodin, Percocet, Fentanyl)  
 Benzodiazepines (Xanax, Klonopin, Valium, Ativan)       Synthetic Drugs (Spice, Ecstasy, Molly, etc.)  
 MAT Drugs (Suboxone, Methadone, Subutex)       Prescription Amphetamines (Adderall, Vyvanse)  
 Other: \_\_\_\_\_

## Length of Use

Less than 6 Months       6–12 Months       1–3 Years       Greater than 3 Years

## Frequency of Use

Daily       Every Other Day       Weekly       Monthly

## Motivation

(What is your primary reason for seeking treatment / recovery services?)

Family Issues       Legal Issues       Health Issues       Personal Issues

## Medications

Are you currently taking any medications **not** found on the approved medications list?

Please refer to the "Approved/Prohibited Medications List" available on the CRCI Pre-Assessment site at <https://crcirecovery.org/preassessment>.

If you are able to safely (with your doctor's permission) discontinue use of any unapproved medications, select "No" and advise the staff of your condition during the application process so that they can help navigate the situation properly.

*CRCI does not advise that anyone stop the use of a prescribed medication without their doctor's approval.*

Yes       No

## Signature of Applicant

Date: \_\_\_\_\_