

# Life Skills Recovery

## Admission Application

**Life Skills Recovery Admissions Staff screens each applicant carefully. Please take the time to complete this application accurately and completely. If you have any questions, please contact us at 435-253-1887 or 435-795-2626**

**When do you plan to enroll?** \_\_\_\_\_

### Applicant Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	____ - ____ - _____	_____
Date of Birth (mm/dd/yyyy)	Social Security Number	Age
_____	_____	_____
Country of Citizenship	Primary Language	

### Family Background

#### Parent and/or Sponsor

_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	
Mailing Address	City	State	Zip Code
_____	_____	_____	
Home Phone	Cell Phone	Email Address	
_____	_____	_____	
Relation to Applicant	Occupation		



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### Clinical Information

#### Current Counselor

Name

Mailing Address

City

State

Zip Code

Phone

Email Address

Nature of Service

#### Past Counselor

Name

Age Seen

Mailing Address

City

State

Zip Code

Phone

Email Address

Nature of Service

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Do you have any medical conditions?

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List Specific Diagnoses: \_\_\_\_\_

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Are you currently participating or have you been in an inpatient addiction treatment program? Yes or No

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Are you currently or have you been in a hospital-based detoxification program? Yes or No

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Have you undergone medical detoxification in the last year? Yes or No

If yes, what was your discharge date: \_\_\_\_\_

If you are not currently in inpatient treatment, have you participated in any treatment for addiction or detoxification in the last thirty days?

Current number of days sober from alcohol and drugs (Please be honest) \_\_\_\_\_

What is your primary drug of choice? \_\_\_\_\_

How do you usually use it? \_\_\_\_\_

Have you used other drugs in the last year? \_\_\_\_\_

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Do you currently smoke cigarettes or use any other nicotine-containing products?

Yes or No

Would you be willing to participate in nicotine-cessation (i.e. would you be willing to try to quit smoking or use of nicotine products if admitted)? Yes or No

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Do you have any physical disabilities that might prevent you from participating in activities such as hiking, skiing, mountain biking, swimming, or horseback riding? Yes or No

If yes, please explain: \_\_\_\_\_

Do you have any pending legal challenges? Yes or No

If yes, please explain: \_\_\_\_\_

Are you currently on probation? Yes or No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No

If yes, please explain: \_\_\_\_\_

Do you have current difficulties or a history of violence towards yourself, others or property? Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have current or past issues with anger management? Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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### Student Statement

Please explain briefly your greatest strength and one of your weaknesses.

List three goals you would like to complete while attending Double Dollar Ranch.

- 1.
- 2.
- 3.

### Signing Off

I certify that the information that I have provided is complete and truthful. By signing this, I am also permitting Life Skills Recovery to contact my previous placements for any information as well as my references, psychologist(s) and/or neuropsychologist(s).

\_\_\_\_\_  
**Signature of Applicant or Sponsor**

\_\_\_\_\_  
**Date**

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### Checklist

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Your most recent psychological or neuropsychological evaluation report.**

\_\_\_\_\_ **Sizes of applicant**

- **Shirt/Coat Size** \_\_\_\_\_
- **Pant Size - Waist** \_\_\_\_\_ **Length** \_\_\_\_\_ **(example - 34 x36)**
- **Shoe Size** \_\_\_\_\_

\_\_\_\_\_ **Copy of Drivers License (if available)**

\_\_\_\_\_ **Copy of Medical Insurance Card**

How did you hear about Life Skills Recovery? (check all that apply)

\_\_\_\_\_ Educational Consultant \_\_\_\_\_ Educator/Counselor \_\_\_\_\_ Our Website

\_\_\_\_\_ Literature Received \_\_\_\_\_ Special Interest Organization or Advocate

\_\_\_\_\_ Other Please specify: \_\_\_\_\_

Please remit completed form to:

Mail: Life Skills Recovery Ranch Admissions

PO Box 253

Holden, Utah 84636

Fax: 435-795-2311

Email: [contact@lifeskillsrecoveryranch.com](mailto:contact@lifeskillsrecoveryranch.com)