Neos Recovery House

**Entrance Paperwork:**

**Date:**

**Name: Phone:**

**Email:**

**Address:**

**DOB: Marital Status:**

**Medications I am currently taking (include dosage):**

|  |  |  |  |
| --- | --- | --- | --- |
| Medication: | Dosage: | Prescribing Doctor: | Reason Prescribed: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Neos has permission to call my prescribing physician in relation to all medications I have listed.**

**Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that I am responsible for administering my own medications, as well as keeping ALL medications, prescribed and OTC, in the provided lockboxes.**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neos Recovery House has permission to call the provided individuals in case of emergency:**

**1.) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.)Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am committing to a minimum stay of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(weeks/months). I understand that I am responsible for my rent in the amount of \_\_\_\_\_\_\_ per week, starting \_\_\_\_\_\_\_\_\_\_\_\_. I will pay the house manager on Sundays by 10:30PM. I understand that my initial payment of \_\_\_\_\_\_\_\_ consist of my first week rent, and a $\_\_\_\_\_ admittance fee. I understand that if I complete my committed length of stay I am qualified to be reimbursed the amount of the admittance fee. I understand that this payment is non-refundable and non returnable unless the above conditions are met.**

**Date of Arrival:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Length of Stay:\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**