



Reintegration/Community Residence Application

Please read before completing application

Below you will find the initial admissions requirements for reintegration placement. In order to ensure the most efficient processing and review of your application, please include the following:

- Application
- HIPAA compliant release
- Most recent bio-psych-social assessment (Assessment must be within the past 12 months)
- Completed physical or medical evaluation
- Any recent blood or urine labs
- OASAS LOCADTR
- Photo identification

Please fax all documents to (716) 332-3992

Referring Agency	
Agency Name:	
Referring Counselor:	
Phone:	Fax:

Client Data	
Name:	
Date of Birth:	Gender:
SSN:	
Street Address:	
City, State:	Zip:
County of Residence:	Phone:
Marital Status:	
Military Experience? (Y/N – which branch)	
First Responder? (Y/N – what occupation)	
Financial (circle one): <i>No income</i> OR <i>Income from wages SSD/SSI/pension</i> \$ _____ /mo	
Insurance Name:	ID#:

Substance Use

IV drug user (circle one): *YES* *NO*

Substance	Frequency	Route of Ingestion	Date of Last Use

Previous Substance Abuse Treatment

Name of Program	Type of Program	Completion Status	Date(s)

Medical Information

Past or Present?	Condition or Procedure Description

Is individual currently pregnant? (please circle) *YES* *NO* Due Date:

Current Medications

Name	Dosage	Frequency

Methadone or Suboxone Provider? – Name:

Mental Health Information

Diagnosis/Symptoms /Concerns: _____

History of lethality (please include past or present ideations, attempts or self-injurious behaviors):

History of thoughts, plans to harm others?: _____

Previous Mental Health Treatment (including hospitalizations)

Name of Program	Type of Program	Completion Status	Date(s)

Additional History

Item	Yes or No
Has the individual assaulted others or violently acted out? <i>If yes, please explain:</i>	
Has the individual accidentally or intentionally set fires? Has the individual been charged or convicted of arson? <i>If yes to either of the above, please explain:</i>	
Has the individual been charged or convicted of a sexual offense? <i>If yes, please explain:</i>	
Does the individual have a history of bed wetting?	
Does the individual have a history of gang involvement?	
Does the individual have a history of gambling?	

Legal Information	
Item	Yes or No
Is the individual currently incarcerated?	
Does the individual have outstanding warrants?	
Is the individual mandated to treatment?	
Name of Court:	
Phone:	Fax:
Is the individual on (please circle) **: <i>Parole</i> <i>Probation</i> <i>TASC</i> <i>PINS</i>	
<i>If probation, which county:</i>	
<i>Officer Name:</i>	
<i>Officer Contact Info:</i>	

**If the individual is on parole/probation/TASC, please have the individual complete a release for RASI and the Officer.

Additional Information	
Does the individual currently know anyone attending treatment at RASI? (please circle)	<i>YES</i> <i>NO</i>
If yes, what is the nature of the relationship:	

If you have additional questions regarding your referral, please contact us at: (716) 827-9462