

Colorado West Recovery Services Financial Policy
436 S. 7th St.
Grand Junction CO 81501
970-245-4213

21-Day Community Intensive Residential Treatment
 for Substance Abuse (CIRT)

Effective February 1, 2006 Program Cost will change to:
\$250.00 per day or \$5250.00 full fee

Fee reduction is available with submitted financial documentation.

The fee is to be collected at the time of admission.

The client must present one of the following items as proof of income to qualify for a reduced fee:

- Copy of past two months current pay stubs
- Copy of last year's tax returns
- Copy of Colorado Indigent Card

The following items are required to accompany the application for treatment:

- Copy of Drivers License
- Copy of Social Security Card
- Copy of front and back of insurance card, if applicable.
 (Colorado West Recovery Services will bill your insurance as a courtesy; you are responsible for any unpaid or non-covered charges.)
- Copy of Colorado Indigent Card

Payment Options: Cash, Check , Master Card, Visa

I have read and understand the above.

Client Signature: _____ Date: _____

**RESIDENTIAL SUBSTANCE ABUSE TREATMENT FINANCIAL APPLICATION
COLORADO WEST REGIONAL MENTAL HEALTH, INC.**

All applicants must complete this section.

Name: _____
 Address: _____
 City: _____
 State/Zip: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Phone Numbers	Best Time to Contact
Home: (____) ____-____	_____
Work: (____) ____-____	_____
Cell: (____) ____-____	_____
Other: (____) ____-____	_____

Complete this section if you will have a third party pay for a part or all of your treatment.

Insurance
 Insurance Company Name: _____
 YOU MUST INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

DSS/DHS
 County: _____
 Case Worker Name: _____
 Case Worker Phone Number: (____) ____-____
 DSS/DHS will be paying for: [select one or both]
 Deposit Treatment

Probation
 Judicial District: _____
 Probation Officer Name: _____
 Probation Officer Phone Number: (____) ____-____
 Probation will be paying for: [select one or both]
 Deposit Treatment

Other: _____

The following section must be completed in order to reduce your fee.

YOU MUST INCLUDE PROOF OF INCOME AND RESIDENCY WITH APPLICATION

Gross Annual Household Income: \$_____ Are you head of household? [circle one] Yes No
 # of dependents: _____ Marital Status: _____

Are you currently employed? [circle one] Yes No
[if yes, give the name of your current employer. If no, give the name of your previous employer]

Name of current or previous employer: _____

Client signature

Date