

Peaceful Spirit Financial Policy
P.O. Box 429
Ignacio, CO 81137
970-563-4555

40 day Intensive Residential Treatment
for Substance Abuse (IRT)

Effective August 1, 2006 Program cost is:
\$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 Colorado Indigent Card (if applicable)

Payment Options: Cash, Check , Master Card, Visa

I have read and understand the above.

Client Signature: _____ Date: _____

RESIDENTIAL SUBSTANCE ABUSE TREATMENT FINANCIAL APPLICATION
Peaceful Spirit

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 another entity is paying for a part or all of your treatment.

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	
<i>[if yes, give the name of your current employer. If no, give the name of your previous employer]</i>	
Name of current or previous employer: _____	

 Client signature

 Date