



# Treatment Program Screening and Placement Criteria

When a call is received to reserve a bed in Treatment Program, please ask the following questions and forward to Programs Coordinator or AOD Coordinator for placement.

Current Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Referring: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_

Placed at WNRVC before?  Y  N County: \_\_\_\_\_

Briefly tell us about your family, including reason for referral and concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Substance Use: \_\_\_\_\_  
(Please list suspected substances being used)

Behavioral Issues: \_\_\_\_\_

Criminal Activity: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Highest Grade completed: \_\_\_\_\_

**Legal Status:**  Probation  Informal Probation/Diversion  Status Offender

None  Child Protection/CHINS  Pending/investigating Charges

**Legal Referrals:** (Include Name, License/Role/Title, and Contact information)

\_\_\_\_\_  
\_\_\_\_\_

Any present legal charges/investigations: \_\_\_\_\_

\_\_\_\_\_  
Any past legal charges/investigations: \_\_\_\_\_

**Any Present/Past:**  Medical  Mental Health  Child Protection  Other

\_\_\_\_\_  
\_\_\_\_\_

**Contact People** (Include Name, License/Role/Title, and Contact information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you need assistance within 24 hours please call 1-888-446-6543.**