Application for Admission

Outpatient substance use treatment with recovery housing

1 Fill it in

Type right into this PDF on a computer or phone (Adobe Acrobat Reader, Preview, or your browser), or print it and write clearly in ink. It takes about 15 minutes.

2 Send it to us

Email the completed form to admissions@mw.care. Prefer to talk? Call (720) 288-0450 and an admissions specialist will complete it with you by phone.

3 We'll reach out

Our admissions team reviews every application and will contact you within one business day. Keep your phone nearby and check your spam folder.

Before you start, have these handy

- Insurance card, if you have insurance
- Current medications and doses
- The patient's phone, email, and address
- Probation or parole officer's name and county, if any

Your privacy

This form asks about health and substance use history, which federal privacy law protects. Email is not always fully private, so only send it from an email account you trust. We never ask for a Social Security number on this form; if we need it, we'll collect it securely by phone. Our full Privacy Policy is on the last page.

Need help right now? **Medical emergency: call 911** **Crisis or thoughts of suicide: call or text 988**

Withdrawal from alcohol, benzodiazepines, or other sedatives can be life-threatening. Call 911 or go to the nearest ER now if you have confusion, hallucinations, a seizure, chest pain, a racing heart, or a high fever.

Prefer to apply online? Visit **www.mountainwest.care/application**

Please answer every question unless it says (optional). If a question doesn't apply, write "N/A."

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Your contact information

Tell us about the person filling out this form. If you are applying for yourself, this is you.

First name

Last name

Email

Best phone number to reach you

Who is this application for? (Your relationship to the patient)

- ○ Self
- ○ Parent
- ○ Spouse
- ○ Child
- ○ Sibling
- ○ Guardian
- ○ Family Member
- ○ Friend
- ○ Employer
- ○ Caregiver
- ○ Legal Representative
- ○ Healthcare Provider
- ○ Referral Agency
- ○ Case Manager
- ○ Probation Officer
- ○ Social Worker

Referral source (optional)

If a provider, agency, case manager, or social worker referred you, write the organization's name.

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Patient information

The person who will be entering the program.

First name

Last name

Date of birth (MM/DD/YYYY)

Email

Mobile phone

Home phone (optional)

Work phone (optional)

☐ **Patient is experiencing homelessness** (leave the address blank)

Street address

City **State** **ZIP**

Sex assigned at birth

○ Male ○ Female

Marital status

○ Single ○ Married ○ Widowed ○ Separated
○ Divorced ○ Cohabitating ○ Other

Race

○ American Indian or Alaska Native
○ Black or African American
○ White
○ Asian
○ Native Hawaiian or Other Pacific Islander
○ Other

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Insurance information

If you have an insurance card, have it in front of you. We'll verify coverage before intake.

Insurance type

○ Medicaid ○ Commercial ○ Private Pay ○ Other

Member ID / Medicaid ID

Leave blank if Private Pay.

Insurance company (if Commercial or Other) (optional)

Patient's relationship to the policyholder (subscriber)

○ Self ○ Spouse ○ Parent ○ Child ○ Other

If the policyholder is someone other than the patient

Policyholder first name

Policyholder last name

Date of birth

Policyholder sex assigned at birth

○ Male ○ Female

Policyholder street address

City

State

ZIP

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Substance use history

Honest answers help us keep you safe and find the right level of care. Nothing here disqualifies you on its own.

What led you to contact Mountain West?

Primary substance of choice

○ Alcohol ○ Cannabis ○ Hallucinogen ○ Inhalant
○ Opioid ○ Sedative / Hypnotic / Anxiolytic ○ Stimulant
○ Other

Secondary substance of choice

○ None ○ Alcohol ○ Cannabis ○ Hallucinogen ○ Inhalant
○ Opioid ○ Sedative / Hypnotic / Anxiolytic ○ Stimulant ○ Other

Third substance of choice

○ None ○ Alcohol ○ Cannabis ○ Hallucinogen ○ Inhalant
○ Opioid ○ Sedative / Hypnotic / Anxiolytic ○ Stimulant ○ Other

Are you experiencing withdrawal right now?

◯ Yes ◯ No

Withdrawal can be dangerous. If symptoms become severe (confusion, hallucinations, seizure), call 911.

If yes, please describe your withdrawal symptoms

Do you have a history of DTs (delirium tremens)?

◯ Yes ◯ No

If yes, please explain

Do you have a history of seizures?

◯ Yes ◯ No

If yes, please explain

Do you have a history of blackouts?

◯ Yes ◯ No

If yes, please explain

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Health & treatment history

Do you have any current or past chronic health conditions?

◯ Yes ◯ No

If yes, please explain

Do you have any past or current mental health diagnoses?

◯ Yes ◯ No

If yes, please explain

Are you currently taking any medications?

◯ Yes ◯ No

If yes, list each medication and dose

Are you, or could you possibly be, pregnant?

◯ Yes ◯ No ◯ N/A

Have you been hospitalized recently?

◯ Yes ◯ No

If yes: where, and what for?

Have you been in substance use treatment in the last six months?

◯ Yes ◯ No

If yes: where, when, and the outcome (completed, left early, etc.)

Have you been in sober living before?

◯ Yes ◯ No

If yes: where, when, and the outcome of your time there

Are you able to walk on your own, without help or assistive devices (such as a cane or walker)?

◯ Yes ◯ No

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Legal & background

Are you required to register as a sex offender in the state of Colorado?

◯ Yes ◯ No

Have you ever been convicted of arson?

◯ Yes ◯ No

Are you currently on parole or probation?

◯ Yes ◯ No

If yes: parole or probation, the county, and your officer's name

Are you required to take monitored UAs?

◯ Yes ◯ No

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About you & employment

Do you identify as trans or non-binary?

◯ Yes ◯ No

What is your gender identity? (optional)

◯ Male ◯ Female ◯ Transgender Male / Trans Man
◯ Transgender Female / Trans Woman ◯ Non-Binary

What is your sexual orientation? (optional)

◯ Heterosexual (Straight) ◯ Gay ◯ Lesbian ◯ Bisexual
◯ Pansexual ◯ Asexual ◯ Questioning ◯ Prefer Not to Disclose

Are you currently employed?

◯ Yes ◯ No

If yes, where?

Do you work with any outside social service or support agencies?

◯ Yes ◯ No

If yes, list them (case managers, housing programs, probation, child welfare, or other community services)

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Program fit

Mountain West is an outpatient program with recovery housing for people who are working or actively looking for work.

Do you agree to attend and participate in all required groups, adhere to house curfews, follow program guidelines, and be working or seeking work immediately upon joining the program?

◯ I agree ◯ I do not agree

Our program is intended for individuals actively seeking employment. Do you understand this?

◯ Yes ◯ No

Do you intend to file for Social Security disability in the next 60 days?

◯ Yes ◯ No

Are you able to work 40 hours per week?

◯ Yes ◯ No

Mountain West is not responsible for resident transportation or bus passes. Do you understand that you will be responsible for your own transportation while a resident?

◯ Yes ◯ No

Do you understand that if you do not honor the terms of the program you can be asked to leave without notice? (You are expected to be seeking employment, meeting with case management, being productive, respecting peers and staff, etc.)

◯ Yes ◯ No

Which Mountain West location are you applying for?

◯ Denver ◯ Colorado Springs ◯ Ft. Collins ◯ Either

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Acknowledgments & signature

Please check each box to confirm your understanding and consent.

- ☐ All information I have provided is truthful. I understand that if it is found that I was not truthful on this form, it could be grounds for immediate discharge from the program.
- ☐ I have read and agree to the Mountain West Recovery Privacy Policy (on the last page of this form).
- ☐ I understand that I am entering an outpatient substance use treatment program that provides recovery housing. A clinician will determine the most appropriate level of care based on an assessment conducted on the day of intake. I agree to follow the requirements of the level of care I am placed in, including attending required groups, following program rules, and participating fully in treatment.
- ☐ I authorize OneMH to conduct a background check as part of the admission screening process. This may include verification of criminal history, identity, and other relevant records necessary to determine program eligibility and ensure the safety of the community. I understand this information will be kept confidential and used solely for admission and program participation purposes.

Signature (type or sign your full name)

Date

If signing for the patient, your name and relationship (optional)

Ready to send?

1. Save this file, then email it to admissions@mw.care. Use the subject “Application” (no names or health details in the subject line).
2. Or call (720) 288-0450 and we’ll take your application by phone.
3. We’ll contact you within one business day to talk about next steps and schedule intake.

PRIVACY POLICY

How we protect your information

1. Introduction

Mountain West Recovery (“we,” “us,” or “our”) is committed to protecting the privacy of individuals who visit our website and submit information through our intake form. This policy outlines how we collect, use, store, and protect your personal information.

2. What information we collect

We may collect personal details, contact information, medical and behavioral health information, and financial or insurance information when you submit our intake form.

3. Why we collect this information

We collect this data to evaluate eligibility for treatment programs, contact you regarding your application, and comply with regulatory healthcare requirements.
We do not sell, rent, or share your information with third parties except where required by law or with your consent.

4. How we protect your information

We use security measures including encrypted transmission, access controls, and secure cloud infrastructure with restricted access.

5. Third-party sharing & compliance

We may share information only when necessary to coordinate care, comply with legal requirements, or meet healthcare compliance obligations.

6. Your rights & data retention

You may request a copy of your data, request deletion where legally permitted, or opt out of further communication.
We retain information only as long as necessary for legal and healthcare compliance.

7. Contact us

If you have privacy concerns, contact us at info@mountainwest.care.