Summit Prairie Recovery Center
7785 St Gertrude Ave
Raleigh, ND 58564
701.597.3419

Admission Requirements

- Complete and return the Admission Application
- Complete a COVID-19 test and provide a negative result - as close to your admission date as possible.
- We ask that you have a physical prior to admission. If you are withdrawing you may need medication to help with that, please discuss this with your doctor and bring any medications they may prescribe.
- We need copies of insurance cards prior to admission so we can check if an prior authorization is needed.

Contact for admissions:

Please send your completed forms to:
stephj@summitprc.com

Or mail to
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Admission Application

Name of Client: ***Last, First Middle Initial***	Social Security Number:	Date of Birth: ***MM/DD/YYYY***	
Preferred Name/Nicknames:			
Street Address:	City:	State:	Zip:
Permanent Address (if different than above)	City:	State:	Zip:
If Homeless ***(Where are you staying?)***:			
Cell Phone Number:		Home Phone Number:	
Race: __Native American __Asian/Pacific Islander __Native Hawaiian __Caucasian __African American			
Ethnicity: __Hispanic __Non-Hispanic	Primary Language:		
Tribal Affiliation:	Segment:		
Tribal Enrollment Number: (***Please attach a copy of CIB or Enrollment Card)***			
Gender/Sex: __Male __Female	Gender Identity: __Gender Variant __Intersex __Man __Woman __Transgender __Questioning __Decline to Answer		
Sexual Orientation: __Asexual __Bisexual __Gay __Lesbian __Heterosexual (Straight) __Questioning __Decline to Answer, Other, Please fill in:_____			
Relationship Status: __Single __Married __Domestic Partnership __Divorced __Separated __Widowed			

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Military Status: __N/A __Active __Veteran __Disabled__Other:_____		
Highest Level of Education: __ G.E.D. __ High School (Highest Level Completed: _____) __ Some College __ College Graduate College and Degree:_____ _____		
Employed: __ Yes __No	SSI/SSDI: __ Yes __ No	TANF: __ Yes __No
Other Source of Income:	Monthly Income:	
Medical Insurance: __Yes __No Please submit a copy of your insurance card	Insurance Company:	Policy Number:
Do you have any legal issues: __ Yes __No __Tribal __State __County Location:	Are you currently on Probation/Parole: __ Yes __No If yes, who is your corrections officer: Contact Information:	
If yes, what are your current legal issues:		
Probation/Parole Status:		Number of arrests in the last 6 months:
What were you court ordered to do/complete?		When is your upcoming court date?
Do you have transportation? __Yes __No		If yes, what are your means of transportation?
Children: __Yes __No (If yes, name and ages of children):		
Pregnant: __Yes __No	If yes, expected due date:	
Primary Care Provider(s):	Address:	Phone Number:

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Specialty Care Provider(s):	Address:	Phone Number:

Have you ever needed Mental Health Services? (Including but not limited to behavioral health, psychiatric)
__ Yes __No
If so, when: _____
Name of Provider(s): _____
Address: _____
Phone number: _____

Are you currently taking any medications? __ Yes __No Please list your current medications:	Are you supposed to be currently taking any medications? __ Yes __No

Referral Source:

Reason for Intake:

Last Use of Any Type of Substances (List All):

Alcohol Usage (or History):

Drug Usage (or History):

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IV Drug Usage (or History):

Smoking Status: __Never __Daily __Some Days __Former Smoker __Vape User __Chew/Snuff __ Half Pack Daily __Full Pack Daily Average usage of Vape/Chew/Snuff:_____		
Have you ever attending any support groups (i.e. AA/NA/Domestic Violence/Parenting Classes)?		
Are there any Cultural needs or practices that you wish to continue/share?		
Legal Guardian/Custodian name, Relationship, (if needed):	Address:	Phone Number:
Emergency Contact Information: Relationship:_____	Address:	Phone Number:

Client Consent:

Client Signature:	Date:

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Signature of Referring Agent:	Date:
Reviewed by:	Date: