

Clean Acres Recovery Housing

Initial Needs Assessment/Admission Checklist

Name: _____

Date: _____

Staff Completing Document: _____

<u>Area/Item</u>	<u>Date Completed</u>
Signed Copy of Rules	
Fees Paid	
Probation Information	
CPS Information	
Solutions/Mental Health Appointments	
Dr. Appointments	
Other Appointments	
Emergency Contact Information	
Other: Specify	
Other: Specify	
Other: Specify	
Other: Specify	

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