



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address of current residency:** \_\_\_\_\_

**Are you a Comanche Tribal member? Yes or No**

**If not, what tribe? \_\_\_\_\_ Roll Number: \_\_\_\_\_**

**D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: Female or Male**

**Marital Status : Single Married Divorced Widowed**

**Why are you seeking residential treatment?**

---

---

---

**OFFICE USE ONLY**

---

---

---

---

---



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

Circle all that apply

Check all that apply

<b>Marijuana/THC</b> <b>Cocaine</b> <b>Benzodiazepines</b> <b>PCP</b> <b>Amphetamines</b> <b>Methamphetamines</b> <b>Alcohol</b>	<b>Methadone</b> <b>MDMA(Ecstasy)</b> <b>Propoxyphene</b> <b>TCA(Antidepressants)</b> <b>Buprenorphine</b> <b>Heroin</b>	<b>Opiates</b> <input type="radio"/> <b>Hydrocodone</b> <input type="radio"/> <b>Oxycodone</b> <input type="radio"/> <b>Oxycontin</b> <input type="radio"/> <b>Vicodin</b> <input type="radio"/> <b>Dilaudid</b> <input type="radio"/> <b>Lortab</b> <input type="radio"/> <b>Heroin</b> <input type="radio"/> <b>Norco</b> <input type="radio"/> <b>Percocet</b> <input type="radio"/> <b>Demerol</b> <input type="radio"/> <b>Vicodin</b>	<b>Barbiturates</b> <input type="radio"/> <b>Xanax</b> <input type="radio"/> <b>Valium</b> <input type="radio"/> <b>Alprazolam</b> <input type="radio"/> <b>Tramadol</b> <input type="radio"/> <b>Lorazepam</b> <input type="radio"/> <b>Ativan</b> <input type="radio"/> <b>Temazepam</b> <input type="radio"/> <b>Clonazepam</b> <input type="radio"/> <b>Klonopin</b>
--	---	--	---

Choice of order:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Substances recently used:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Last day of use: \_\_\_\_\_

<b>OFFICE USE ONLY</b>  <hr/> <hr/> <hr/> <hr/>
--



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

**Are you military veteran? Yes or No**

**If so, what branch of service?** \_\_\_\_\_

**Type of discharge?** \_\_\_\_\_

**Do you have a valid driver license? Yes or No**

**If not, what is the status of your driver license?**  
\_\_\_\_\_

**Do you have criminal convictions? Yes or No**

**If yes, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_

**County/State of conviction?** \_\_\_\_\_

**Are you on probation or parole? Yes or No**

**Probation Officer name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Probation Officer contact number:** \_\_\_\_\_

**Are you a registered sex offender? Yes or No**

<b>OFFICE USE ONLY</b>  _____  _____  _____  _____
--



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

Are you pregnant? Yes or No (if applicable)

Do you have any children? Yes or No How many? \_\_\_\_\_

NAME	AGE	BIRTHDAY	TRIBAL AFFILIATION

Who has custody of your children?

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Is DHS involved? Yes or No If so, do you get visits? Yes or No

Caseworker name: \_\_\_\_\_ County: \_\_\_\_\_

Caseworker contact number: \_\_\_\_\_

**CASE NOTES**

---

---

---

---

---

---



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

**Medical & Mental Health**

**Do you have any health or medical problems? Yes or No**  
**If yes, please explain.**

---

**Have you ever been diagnosed with any mental illness? Yes or No**  
**If yes, please explain.**

---

**Are you currently receiving mental health services or counseling? Yes or No**  
**If yes, please explain.**

---

**Have you been to this treatment center before? \_\_\_\_\_ When? \_\_\_\_\_**

**What was your reason or leaving?**

---

**OFFICE USE ONLY**

---

---

---

---

---



**COMANCHE NATION  
PREVENTION & RECOVERY  
RESIDENTIAL APPLICATION**

**By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all services and funding are subject to the availability of funds and final approval of the department Director.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CNP&R Personnel:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>