



Tennessee Alliance of Recovery Residences

Pre-Screening Information Form

Name of Individual or Agency: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

What type of Service(s) do you or your organization provide? (check all that apply)

Modality/Specialty

- Medical
- Mental Health
- 12-Step
- Christian
- Other Religion
- Disciplinary
- Other: _____

Substance Abuse

- Detox
- Inpatient/Residential
- Outpatient
- Men Rehab Services
- Individual
- Group(s)
- Women's Rehab Services
- Other: _____

Counseling

- Individual
- Group
- Couples/Marital
- Family
- Pastoral
- Other: _____

DUI Services

- Licensed Evaluation
- Licensed
- Driving School
- Other: _____

Populations Served

- H.I.V Positive and Parole
- Pregnant Women
- Women w/ Children
- Senior Citizens
- Adolescents
- Handicapped
- Homeless
- Dual Diagnosis
- Men
- Women
- Other: _____

Financial

- Nominal/Sliding Scale/Negotiable
- Free
- Scholarships Available
- Insurance Accepted
- Veterans Administration
- Probation
- County Mental Health
- Medicaid
- Medicare
- SSI Accepted

Pre-Screening Cont.
Tennessee Alliance of Recovery Residences

Are you licensed? : _____

Other Approvals/Alliances: _____

Number of Beds Available: _____ Male: _____ Female: _____

Please give a brief description of the program:

List any special services (included or at additional costs):

Additional Information about the program:

Signature and Title of Applicant

Date

Please send this application back to a Tennessee Alliance of Recovery Residences for review.
We will contact you for further information.

Please email or send this signed form back to:

TENNESSEE ALLIANCE OF RECOVERY RESIDENCES
PO Box 120114
Nashville, TN 37212-0114
Phone: **(615) 500-4434**
tnarrtennessee@gmail.com