

**HORIZON VILLAGE**  
**Admission Application Addendum**  
**(To be Completed by the Applicant)**

***Recognizing that Horizon Village is an intensive residential treatment program, we ask that you complete the following questions in order to better assist us in making a determination regarding your application to our facility. It is our goal at Horizon Village to provide a treatment environment that is both safe and conducive to helping our consumers make the lifestyle changes necessary to be successful and proactive in their recovery. Selection of applicants who are motivated and willing to accept guidance is an important step in accomplishing this goal.***

1. What did you find to be helpful in your previous treatment experiences?

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2. What did you find least helpful in your previous treatment experiences?

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3. If you were unable to complete any of your previous treatments, why?

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4. Why are you applying to Horizon Village? (When answering, please keep in mind Horizon Village is an intensive residential treatment facility, with up to 8 groups each day, with an average length of stay between 4 and 6 months.)

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5. Please list at least 5 issues (more if you like) you plan to address while at Horizon Village?

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- ---
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In signing below I confirm that I have answered all questions truthfully and to the best of my ability. I further acknowledge that I am voluntarily choosing to be considered for admission.

\_\_\_\_\_  
Applicant Signature

Date \_\_\_\_\_

**HORIZON VILLAGE  
6301 Inducon Drive East  
Sanborn, NY 14132**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

Notice to Counselors: This authorization **cannot** be used to disclose HIV-related information, **nor** for the re-disclosure of protected health information provided to Horizon by other individuals or agencies.

I, \_\_\_\_\_ do hereby authorize HORIZON VILLAGE to:  
(enter applicant name)

**Obtain Release**

_____	_____	Identifying information (such as name, address, telephone, age, sex, race)
_____	_____	Medical history and physical examination
_____	_____	Diagnosis/prognosis/progress in treatment
_____	_____	Other: _____

the above protected health information regarding myself **To/From:**

\_\_\_\_\_  
Name (relationship)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Numbers

**For the purpose of** gathering or sharing protected health, submit referral information, and to coordinate treatment efforts.

I understand that any disclosure is bound by Title 42 of the Code of Federal Regulations, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts. 160 & 164, and Mental Hygiene Law Section 33.13, and that re-disclosure of this information without my additional written authorization is prohibited. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it by notifying my counselor/doctor or Horizon's Privacy Officer at 831-1800. This consent will automatically expire twelve (12) months after the date of this consent, or on the following earlier date, event or condition \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client Date Signature of Parent/Legal Guardian/Representative Date



Horizon Village Admission Checklist: SUBOXONE

1) Prescribing doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Next Appointment Date & Time \_\_\_\_\_

2) The client must maintain own prescribing MD while at HV.

3) The client must have their own transportation to and from each Suboxone appointment while at HV.

4) The client is responsible to bring in their own supply of Suboxone, enough to get them through to their next appointment.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

**HORIZON VILLAGE  
METHADONE INFORMED CONSENT**

**Opiate Treatment Program (OTP):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- I understand that Horizon Village will coordinate my methadone treatment with my Home Opiate Treatment Provider (OTP) prior to admission so that methadone doses will be obtained on a weekly basis for my use at Horizon Village.
- I understand that Horizon Village will coordinate with my OTP so that my date of discharge will allow me to return to this provider for my next dose the day following discharge.
- I further understand that Horizon Village will not release any unused methadone doses to me at the time of my discharge.

Client Name (please print) \_\_\_\_\_

Client Name (please sign) \_\_\_\_\_ Date: \_\_\_\_\_



## PERSONAL BELONGINGS LIST

It is Horizon Village policy that all residents leave valuables and/or large sums of money at home or with a responsible party. **If a resident chooses to keep valuables/ money at Horizon Village, they are doing so at their own risk.** Residents will be asked to arrange to have valuables, money and/or items that are not allowed at Horizon Village to be picked up by a designated responsible party within 5 days of admission. **If items are not picked up within the 5 days of admission, they will be discarded.** If a resident is discharged for any reason and does not take all of their personal belongings with them at the time of discharge, they or a designated party will have 72 hours to pick up all items left behind. **After the 72 hour deadline, any items left behind will be considered donated and subject to be discarded.**

**I understand that Horizon Village is not responsible for any valuables or personal property. I agree that my belongings have been put into the control station by staff. In addition, I have surrendered all medications to the Horizon Village nurse.**

**Horizon Village does not store any contraband of any type. This could include: drugs, weapons, pirated discs, food, etc.**

**Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**THINGS YOU MAY BRING TO HORIZON VILLAGE**

- |  |  |
|--|--|
| <input type="checkbox"/> Photo ID, Birth Cert, SS card, Ins card                   | <input type="checkbox"/> Personal linens           |
| <input type="checkbox"/> Fabric softener/ Liquid laundry soap (no bleach)          | <input type="checkbox"/> Alarm clock w/ no radio   |
| <input type="checkbox"/> Casual, neat clothing, no holes or slashes                | <input type="checkbox"/> Appropriate sleepwear     |
| <input type="checkbox"/> Skirts/ Shorts (knee length)                              | <input type="checkbox"/> Bathrobe, slippers        |
| <input type="checkbox"/> Coat, gloves and boots (winter gear)                      | <input type="checkbox"/> Nail clippers             |
| <input type="checkbox"/> Disposable/ rechargeable razors/clippers                  | <input type="checkbox"/> Sun glasses               |
| <input type="checkbox"/> Clothing for Church/social activities                     | <input type="checkbox"/> Emery boards (cardboard)  |
| <input type="checkbox"/> Individually wrapped hard candy                           | <input type="checkbox"/> Solid air fresheners      |
| <input type="checkbox"/> Postage stamps, stationary, envelopes, pens               | <input type="checkbox"/> Unscented body lotion     |
| <input type="checkbox"/> Hats, caps for outside use only                           | <input type="checkbox"/> Sanitary napkins, tampons |
| <input type="checkbox"/> Money no more than \$30.00, on person                     | <input type="checkbox"/> Non-aerosol Hairspray     |
| <input type="checkbox"/> Shower caps, shower shoes                                 | <input type="checkbox"/> Non-aerosol deodorant     |
| <input type="checkbox"/> Hair color/ straightening perms (kept in control station) | <input type="checkbox"/> Q-tips                    |
| <input type="checkbox"/> _____   | <input type="checkbox"/> Hair dryer, curling iron  |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____                     |

**THINGS THAT ARE NOT ALLOWED AT HORIZON VILLAGE**

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|---|--|
| <input type="checkbox"/> Any product containing alcohol                           | <input type="checkbox"/> Iron for pressing clothes   |
| <input type="checkbox"/> Perfumes, cologne, oils, scented body spray, aftershave  | <input type="checkbox"/> Valuable jewelry            |
| <input type="checkbox"/> Food/chocolate, soft candy, gum, drinks will be tossed   | <input type="checkbox"/> Fireworks                   |
| <input type="checkbox"/> Drugs/alcohol paraphernalia/cigarettes/lighters/matches  | <input type="checkbox"/> Firearms                    |
| <input type="checkbox"/> Nail polish/remover/artificial nails/glue                | <input type="checkbox"/> Baby powder                 |
| <input type="checkbox"/> Sharp objects (straight razors, box cutters)             | <input type="checkbox"/> Metal nail files            |
| <input type="checkbox"/> All electronic equipment (radios, cell phones, video...) | <input type="checkbox"/> Scissors                    |
| <input type="checkbox"/> All gambling items (dice, cards.....)                    | <input type="checkbox"/> Lamps/decorative lights     |
| <input type="checkbox"/> Low cut, tight fitting clothes, tank tops/ muscle shirts | <input type="checkbox"/> Sporting equipment          |
| <input type="checkbox"/> Items depicting music groups/sex/drugs/obscenities       | <input type="checkbox"/> Cameras, CD's, tapes, DVD's |
| <input type="checkbox"/> Any item deemed contrary to your recovery                | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                       |