

Ramsey County Rule 24 Eligibility Application

Today's date: _____ Admission date: _____

Referral from: (Program name, phone, contact person, email)

Reason(s) seeking assessment and/or treatment: _____

Applicant's primary drug concerns in the past 12 months: _____

Client full name: _____ Client Alias, if any: _____

DOB: _____ Social Security #: _____ Marital status: _____

Gender: _____ Race: _____ Language: _____ Hispanic: Yes or No

Phone number: _____ Alternative phone number: _____

Street Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Is this your permanent residence: _____

If you are homeless, where are you sleeping/staying at night? _____

If you are in a facility (jail, detox, hospital, crisis residences), where did you live prior to entering this facility: _____

***** IF WE DO NOT RECEIVE PROOF OF RESIDENCY, YOUR APPLICATION WILL BE DENIED. *****

Do you have a county case manager? Which county? _____

Household Size (Who do you live with?): # of Adults _____ # of Children under 18 yrs. old _____

Annual Income Gross Income (Do not include court order child support): \$ _____

Income Sources: (Please circle your income sources)

None Job SSDI SSI GA MFIP Unemployment Others: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

**Urgent Care for
Adult Mental Health**
Phone: (651) 266-7900

**Chemical Health Assessment
and Referral Unit and
CD Case Management**
Phone: (651) 266-4008

Detoxification Services
Phone: (651) 266-4009

Please fax application to Ramsey County Chemical Health Services at 651-266-4435.