

ADMISSION APPLICATION  
COVER PAGE

Referring Counselor:

Please check off the below information verifying that you are forwarding a complete application package. Incomplete admission application packages cannot be given an assessment date.

- ρ Admission Application
- ρ Release of Information Consent between your agency and Cazenovia Recovery Systems, Inc.
- ρ Psychosocial History (most recent)
- ρ History and Physical (current: including the results of all lab testing)
- ρ Documentation of medical clearance if a contagious disease process has been identified (TB, Hepatitis etc.)
- ρ All legal documentation if your client is presently engaged in a criminal justice process
- ρ Psychological evaluation if an Axis I or Axis II diagnosis, other than specific substance dependence, is present

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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Indicate preferred program/level of care.  
Keep in mind the final decision regarding level of care will be made by our assessment team.  
Mail or fax the completed application package to the appropriate assessment counselor:

ρ **Turning Point House**  
**9136 Sandrock Road**  
**Eden NY 14057**  
  
**Phone 716-992-4972**  
**Fax 716-992-4791**

ρ **Cazenovia Manor**  
**486 North Legion Drive**  
**Buffalo NY 14210**  
  
**Phone 716-822-8932**  
**Fax 716-828-0804**

ρ **New Beginnings**  
**376 Dewitt Street**  
**Buffalo NY 14213**  
  
**Phone 716-884-4952**  
**Fax 716-884-3910**

ρ **Supportive Living**  
**605 Fillmore Avenue**  
**Buffalo NY 14212**  
  
**Phone 716-894-7274**  
**Fax 716-894-7275**