

DADS Admission Form 1-page Print Review setting:



File Edit View Favorites Tools Help

- New tab Ctrl+T
- Duplicate tab Ctrl+K
- New window Ctrl+N
- New session
- Open... Ctrl+O
- Edit with Word (desktop)
- Save
- Save as... Ctrl+S
- Close tab Ctrl+W
- Page setup...
- Print... Ctrl+P
- Print preview...**
- Send
- Import and export...
- Properties
- Work offline
- Exit



ADMISSION FORM (Revised 09/22/15 LB)

Client Name:

Staff Name:

Medical

V50 VHP

Private Insurance

f

Family Member

Payor Name:

Payor ID No.1:

Payor Rank:

Effective Date:



Page Setup

Paper Options
Page Size: Letter
 Portrait Landscape
 Print Background Colors and Images
 Enable Shrink-to-Fit

Margins (inches)
Left: 0.2
Right: 0.2
Top: 0.166
Bottom: 0.166

Headers and Footers
Header: -Empty-
Footer: Page # of total pages
-Empty-
-Empty-
Date in short format
Change font

OK Cancel

ALCOHOL AND DRUG SERVICES

ADMISSION FORM (Revised 09/22/15 LB)

Client Name:

Staff Name:

V50 VHP Private Insurance

Family Member

Payor ID No.1:

Effective Date:

is to be used for Admission reason under Cost Center Location

ol/College	130: State Drug Court Partnership (DCP)
al	131: Comprehensive Drug Court Implementation (CDCI)
114: Social Services	132: Dependency Court/Child Protective Services
115: Federal/State Criminal Justice	136: Dependency Wellness Court (DWC)
116: Local/County Criminal Justice	137: AB109 Post-Release Community Supervision
117: Family/Friend	203: DA Drug/Alcohol Program
118: Employer	998: Other
124: Public Health	
125: Residential Care Facility	
127: Brochure/Flyer/Newspaper	
128: Telephone/Directory	
129: DUI/DWI	

Cost Center Identifiers:

111- CWAH AOD Only 260- AB109 - CT Realignment 470- SAMHSA DD