LARIMER COUNTY | COMMUNITY CORRECTIONS DEPARTMENT

2255 Midpoint Drive, Fort Collins, Colorado 80525-4306, 970.498.7530, Larimer.gov/cja/comcor

21-DAY STRATEGIC INDIVIDUALIZED REMEDIATION TREATMENT (STIRT) PROGRAM APPLICATION

Client Name:			Date:		
DOB:	Gender:	SSN:	SID:		
Primary point of conta	act:				
Agency:		Ph	one:	Ext:	
Client's current location	on: □ Custody		□ Community		
Prior treatment exper	ence and outcomes:				
Primary drug(s) of ch	oice:				
Method of drug use: _		IV	user: □ Yes □ No		
Age at first arrest:	Multi-state	e offender: □ Yes □	No		
Sex offender status:	☐ Required to registe	er □ N/A			
Is the client participat	ing in a Specialty Court	:? □ Yes		□ No	
Current case number	(s):				
Sentence discharge c	late / mandatory releas	e date:			
Does the client have a	any pending cases (inc	luding municipal cases)	? □ Yes □ No		
If yes, provide details	and estimated date of	resolution:			
•	s of available assessme R, CTAP, TCU, SUI, ID,	-	e last six months. These	assessments may	
LSI/CTAP (current): _	SSI (if ava	ilable): Tx	Level:		



Medical/Dental Conditions: LCCC IRT is a non-medical facility and is not appropriate for clients with serious medical/dental problems or special medical/dental needs. Pregnancy is an exception.
Is client pregnant? ☐ Yes ☐ No
Due Date: Prenatal care provider:
Mental health stability/concerns:
Current medications: *Please provide a 90-day supply of all prescribed medications for the client prior to entry into the IRT program.
Prescribing provider:
Is the client currently participating in MAT? ☐ Yes ☐ No If yes, which type: ☐ Methadone ☐ Buprenorphine/Suboxone ☐ Naltrexone (Vivitrol) ☐ Other:
Prescribing provider:
Does client have Medicaid? ☐ Yes ☐ No Number:
Ongoing Appointments that Need to Be Accommodated: □ Probation / Parole □ Court Dates □ Mental Health Provider □ Medical Provider □ Other
Details: (include frequency, location, and provider name):
Transition/Housing options after completion:
 □ Transitioning to Sober Living □ Transitioning to Work Release
☐ Returning to Community after Treatment
□ Other (describe):
Other comments or concerns:

For questions, please contact the Treatment Services Coordinator

Phone: (970) 498-7530

Email: treatment-services@co.larimer.co.us

