

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 contact: _____

Agency: _____ Phone: _____ Ext: _____

Client's current location: Custody _____ Community

Prior treatment experience and outcomes:

Primary drug(s) of choice: _____

Method of drug use: _____ IV user: Yes No

Age at first arrest: _____ Multi-state offender: Yes No

Sex offender status: Required to register N/A

Is the client participating in a Specialty Court? Yes _____ No

Current case number(s): _____

Sentence discharge date / mandatory release date: _____

Does the client have any pending cases (including municipal cases)? Yes No

If yes, provide details and estimated date of resolution:

Please include copies of available assessments completed within the last six months. These assessments may include the LSI, SSI-R, CTAP, TCU, SUI, IDA, PSIR, etc.

LSI/CTAP (current): _____ SSI (if available): _____ 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

