

Network Residential
P.O. Box 511
Opelousas LA 70510
PH (337) 048-5055 Fax (337) 942-1060

When admitting a new client into the agency should fax us the following information:

1. Face Sheet
2. Psychiatric Evaluation
3. History and Physical
4. D/C Medication Sheet
5. Nursing Assessment
6. Psycho Social Assessment
7. D/C/ Orders
8. Lab Work
9. Copy of Medicaid/Medicare Cards
10. Copy of Medicare Part D Card
11. Referral sheet signed by RN v/o Doctor's order's (Fax a copy or mail original)

Additionally, if client will be requesting housing we would also request.

12. \$25.00 registration fee **NON-REFUNDABLE** and \$300.00 per month for board and care **NON-REFUNDABLE.**
13. Client's personal effects include:

Toothpaste, tooth brush, soap, deodorant, shaving equipment, shoes, stamps and envelopes, cloths and money for cigarettes and other personal needs.

Finally, we appreciate it if the client and his/her counselor would sign this form then fax a copy and mail the original form to the address listed above.

Please don't hesitate to call or fax us should you have any questions. Thank you for your referral, cooperation and assistance.

Client's Signature _____ Date _____

Counselor's Signature _____ Date _____