HOPE QUEST

2025 Client Application

Experience Freedom • Discover Hope

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☐ **RTC** - Residential ☐ **HIOP** - High Intensity Outpatient ☐ **IOP** - Intensive Outpatient

First	Middle	Last
SS#	Date of Birth	
Race	Marital Status	
Address		
City	State	Zip
Phone	Email	

Relevant Contact Information (Family, Medical Providers, Legal Contacts)

PLEASE ATTACH A LIST OF ADDITIONAL CONTACTS, IF NEEDED

Name		Relationship
Address		
City	State	Zip
Phone	Email	

Name		Relationship
Address		
City	State	Zip
Phone	Email	

Name		Relationship
Address		
City	State	Zip
Phone	Email	

Name		Relationship
Address		
City	State	Zip
Phone	Email	

Health Insurance Information

Insurance Company	
Member Number	Group Number
Primary Policy Holder ☐ SELF	
Name	Date of Birth
Address	

Applicant Agreement

- Detox from all drugs and alcohol for a minimum of 72 hours prior to admission.
- Tuition must be paid in full at the time of admission.
- A 4% credit card processing fee will be charged for all credit card payments.
- I understand that if I am admitting under private pay status I cannot switch to insurance at a later date and that HopeQuest is not able to provide super bills for clients admitting under private pay status.

I have read and understand the above policies of The HopeQuest Ministry Group, Inc.

Print Name _____

Signature _____

Date _____