New Life USA Substance Abuse Recovery Facility

Locations Cabool, MO & Lovelock, NV

http://www. NLUSA.org. Email:precontract@nlusanv.org

T: (417) 254-3007; (818)318-8996

PRE-CONTRACT

Amended 10.31.2026.

Prior to arrival at the NEW LIFE SUBSTANCE ABUSE RECOVERY FACILITY, the CLIENT must fill out and sign the PRE-CONTRACT, and email to: **precontract@nlusanv.org.** Upon arrival to the FACILITY, the ADMINISTRATION will lead the CLIENT through the admission procedure. The admission period may take up to 72 hours after arrival.

1. Legal First Name & Surname _____ Preferred Name_____
2. Age_____3. Gender

_____

4. State / Country of Residence _____
   ID ## _____
5. Marital Status: ▢Married ▢ Divorced ▢ Widowed
6. Reason for applying to the recovery program? _____
   Length of substance usage (if any) _____
7. Are you determined to stay in this program for the entire 20-month duration of the program?
   ▢ YES ▢NO
8. Have you ever been part of other Recovery programs? ▢YES ▢NO
   If Yes, please provide the name of the Program_____
   Did you complete the Program? ▢YES ▢NO If No, Reason of Incompletion? _____
9. Are you on parole or probation? ▢ YES ▢NO. If Yes, Where ? Court date? _____
   Contact of the probation officer_____
   Have you been incarcerated in a state adult/ juvenile correctional facility? ▢ YES ▢NO
10. Have you ever experienced any mental problem? ▢ YES ▢NO.
    If yes, please provide an explanation: _____
    _____
11. Are you currently experiencing any thoughts / attention of suicide? ▢ YES ▢NO.
    If yes, please provide an explanation: _____
    _____
12. Additional information that you would like to provide:
    _____
    _____

13. All medical exam results should be emailed to **precontract@nlusanv.org** prior to arrival to the FACILITY.

14. The Security Deposit must be paid in full by the CLIENT prior to arrival to the FACILITY. The receipt will be attached to the Contract.If the CLIENT cancels admission after the Pre-Contract has been signed and pickup or transportation arrangements have been scheduled, the security deposit shall be forfeited and reclassified as a voluntary contribution to the New Life Recovery Program.

I, _____, understand the pre-contract and have filled out the form to the best of my knowledge.

CLIENT Signature: _____ Date: _____

FACILITY STAFF Signature: _____ Date: _____