

Harmony Hill Ranch Online Application

Name _____

address

Date of application _____

Phone # _____ (please make sure good
working #)

DOB _____

Gender _____

Marital status _____

Employed _____

Emergency contact _____

ID or DL number _____

Method of Payment _____

Insurance provider and policy
number _____

DOC _____ (DRUG OF Choice)

Method of use _____

Age of first use _____

Why are you seeking treatment

Are you on felony supervision _____

Parole officers name and what county_____

Any active court cases if so where and what including misdemeanors

Have you been convicted of any violent crimes_____

Harmony Hill Ranch will be in touch with you within 24 hours of receiving application.