

Specialized Assisted Services

**INTAKE AND ASSESSMENT ESSENTIALS**

Your assessment will take approximately TWO HOURS. We REQUIRE all the items listed below by the date of your assessment or it may be rescheduled.

- Social Security Card or a printout from the social security office. **NO EXCEPTIONS!**
- Valid photo ID – **Illinois Driver’s License** or **Illinois State ID Card**.  
Must be current – no exceptions: **CHECK THE EXPIRATION DATE!**
- Signed statement by another adult verifying addiction to opiates for at least one year (for Opioid Maintenance Treatment).
- All pregnancies and prenatal care must be verified by a physician PRIOR to admission.
- Medical Card** or **private medical insurance card** if you have one.  
Must be current – no exceptions: **CHECK THE EXPIRATION DATE!**
- Copy of your monthly check or award letter from your caseworker to verify income from  
SSI (disability)\_\_\_\_\_ Public Assistance (Link card) \_\_\_\_\_ Unemployment \_\_\_\_\_ Worker’s Comp \_\_\_\_\_
- Recent **paycheck stub**, or a **W-2 form**, or a **letter from your employer** to verify income from employment.
- If you have no income, a **notarized letter** signed by your primary source of support. The letter must state (1) who is supporting you; and (2) that they are unable to pay for your treatment.
- Bring ALL CURRENT AND PRESCRIBED MEDICATIONS, including inhalers, in the original bottles to your assessment appointment. The bottles must be labeled with your name and the number of refills.  
Patients will not be assessed without their medications.
- All patients entering inpatient (Level III.5) treatment must bring a 30-day SUPPLY and Minimum of 60 days of refills for all current medications, including inhalers, blood glucose meter and insulin supplies if you are diabetic, on the day of admission. **If you fail to comply with this requirement, you will not be allowed to enter treatment. In addition, patients who fail to disclose medical conditions or current prescribed medications in order to gain admission will be promptly discharged.**
- Assessment Date/Time:** \_\_\_\_\_  
NOTE: We allow a 15 minute grace period BUT due to the number of no-shows we double book all appointments. **If you do not arrive first, you may be rescheduled.**

**Locations**

**Outpatient Clinic**

2630 S. Wabash Avenue  
Chicago, IL 60616  
Telephone: (312) 808-3210 ext. 116  
Fax: (312)842-9550

**Inpatient Clinic**

333 W. Evergreen Street  
Manteno, IL 60950  
Telephone: (815) 468-6556 ext. 0  
Fax: (815) 468-1098

NOTE: Medicaid pays the total cost for patients with a CURRENT MEDICAL CARD. Millennium patients are self-pay at the rate of the actual cost of treatment services, \$80/week, but will not be dropped so long as they pay at least \$40/week. There is **an initial fee of \$80** to cover the cost of assessment and lab work prior to entering Millennium. Branden House inpatient (Level III.5) is \$70 a month for treatment.

I will read the above or have someone read it to me and call the Intake Department at the number above **TOMORROW OR THE NEXT BUSINESS DAY** if I have any questions or do not understand what I must do.

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date