



Advantage Treatment Centers, Inc.

APPLICATION FOR IRT CLIENT VISITATION

COPY OF ID HERE

VISITATION RULES

NO PERSONS UNDER THE AGE OF 18 ARE ALLOWED TO ATTEND VISITATION

Attire

- No shirts or blouses that are low cut or show the stomach region
- No low cut or 'short' shorts.
- No visible undergarments
- No clothing with profanity, drugs or alcohol content/logos, gang involvement, or violence depicted
- Shoes must be worn

Areas

- Visits may only occur in the approved IRT visitation area
- Visitors are allowed to use approved restrooms only.

Conduct

- All visitors must be PRE-APPROVED by the Case Management department at least one week prior to visitation.
- Visit times/dates vary by site. Please contact the appropriate facility for visitation times.
- All visitors must attend Family Education group prior to visitation.
- Staff have the right to refuse or terminate a visit for any reason.

100 N Grand Avenue

Centrose, CO 81401

719.964.2781

800 E. Maple

2017 Lava Lane

Lamar, CO 81052

Alamosa, CO 81101

719.336.0650

719.589.7500

12220 Highway 61

Sterling, CO 80751

970.522.7383



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- Visitors will be able to bring one plate of food to clients. All food is subject to inspection from security team.

Contraband

PLEASE NOTE: ANY AND ALL CONTRABAND BROUGHT INTO THE FACILITY WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

- Cell phones, pagers, electronic devices, portable televisions, gaming systems of any kind
- Alcohol and Illicit Substances, paraphernalia
- Unauthorized or prescribed medications
- Extensive contraband list can be accessed by contacted security at the appropriate facility.

APPLICATION

1. Are you currently on supervision of any kind through parole, probation, or social services?
YES NO

2. List any misdemeanors and felonies that you have been charged or convicted of (include dates and conviction. Use additional sheets of paper if needed):

VISITOR NAME: _____

DOB: _____ **SS #:** _____

ADDRESS: _____

NAME OF CLIENT: _____ **RELATIONSHIP:** _____

By signing this document, I agree to the above rules and conditions of visitation. Additionally, I agree to undergo a background check.

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VISITOR SIGNATURE _____ DATE _____

CLIENT SIGNATURE _____ DATE _____

CASE MANAGER SIGNATURE _____ DATE _____

APPROVED _____ DENIED _____

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