Pre-Admission Information

What to bring:

Identification

- Social Security Card
- Valid Driver’s License
- Valid State Issued ID
- Insurance Card

If you do not have a valid Driver License or ID, please bring:

- Birth Certificate
- Voter Registration Card
- Jail Booking Sheet
- Employee ID
- Student ID

Medical

- Tuberculosis Screening/Test Results (within past 90 days)
- Sufficient supply of Prescribed Medications

Clothing

- 2 pairs of pants / 4 jeans
- 5 shirts (women’s shirts must cover backside)
- 1-2 pairs of shorts (for outdoor activities ONLY)
- 1 pair dress shoes
- 1 pair tennis shoes
- 1 pair work boots
- Under-garments
- Socks
- Belt
- Cold weather clothing (coat, hat, gloves, etc.)

Evening clothing

Men - Suits and ties, dress pants, button up shirts, kakis, and pull over shirts.
Women - Dresses or skirts (must come past knees), dress pants and blouses, and dress shoes.

Hygiene Products

- Shampoo/Conditioner
- Tooth brush & tooth paste
- Deodorant (no aerosol)
- Feminine hygiene products
- Soap / shower gel / body wash
- Shaving supplies (razors, shaving cream, etc.)
- Hair styling products (comb, brush, etc. – no hairspray or dye)

Personal Items

- Recovery Reading Material
- Bible
- Pictures of family (must be loose or in a small photo album…NO framed pictures)
- General account funds for medications, special items, etc.
- Wrist watch
- Notebook / folder / binder

What NOT to bring:

- Excessive amounts of clothing, personal items, etc.
- Valuables
- Radios, TV, cell phones, ipods, CDs, DVDs, musical instruments, etc.
- Over the Counter Medication
- Vehicles
- Jewelry (may have a wrist watch)
- Make-up
- Cologne, perfume, body spray, mouth wash, or spray deodorant
- Open toe shoes or flip flops
- Candy, gum, or food
- Tobacco/cigarettes/e-cigs (if you smoke, we will provide you with cigarettes)
- Items that are sexually inappropriate or that advertise alcohol/drugs

Other Information:

- Synergy does not provide transportation for admission or after discharge.
- Synergy does not pay for items including but not limited to prescription medication, clothing, identification, medical services, personal supply needs, etc.

By signing below, I certify that I have read, understand, and agree.

Resident Signature: __________________________ Date: __________________________
Witness Signature: __________________________ Date: __________________________