

## **Pre-Admission Information**

What to bring:		
Identification	Clothing	Hygiene Products
□ 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	□ 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.	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 albumNO framed pictures) General account funds for medications, special items, etc. Wrist watch Notebook / folder / binder
☐ Tuberculosis Screening/Test Results (within past 90 days) ☐ Sufficient supply of Prescribed Medications  What NOT to bring:		
<ul> <li>Excessive amounts of clothing, personal</li> <li>Valuables</li> <li>Radios, TV, cell phones, ipods, CDs, D instruments, etc.</li> <li>Over the Counter Medication</li> <li>Vehicles</li> <li>Jewelry (may have a wrist watch)</li> <li>Make-up</li> </ul>	deodorant  VDs, musical  Open toe sho Candy, gum, Tobacco/ciga you with ciga	rettes/e-cigs (if you smoke, we will provide rettes) sexually inappropriate or that advertise
<ul> <li>Other Information:</li> <li>Synergy does not provide transportation</li> <li>Synergy does not pay for items including personal supply needs, etc.</li> </ul>	n for admission or after discharge.  ng but not limited to prescription medication, or	clothing, identification, medical services,
By signing below, I certify that I have read, understand, and agree.		
Resident Signature:	Date:	