

Treatment Services

 Accountability Courts Participant Intake Form Date:

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| **Participant Information**  |
| Name (First, Middle, Last, & Maiden): | DOB: |
| Social Security Number: | Gender: |
| Eye Color:  | Hair Color:  |
| Height:  | Weight:  |
| Ethnicity/Race: | Place of Birth (City & State): |
| Are you a U.S. citizen? Yes No | Preferred Language: |
| Preferred Religion: | Email Address:  |
| Home Phone Number: | Cell Phone:  |
| Sexual Orientation (Circle one): Homosexual Heterosexual Asexual Bisexual Other |
| Alias (other names or nick names):  |
| Driver’s License State/Number:  | Driver’s License Issue Date: \_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_ |
| Is your driver’s license currently suspended? If yes, why?  | Do you have a limited permit? Yes No |
| **Residential Status** |
| **Housing status (circle one):** Own Rent Live with family Homeless Staying at a shelter Staying on someone’s couch Rehab Facility or Supervised Housing Section 8 Housing Supported Apartments |
| Address:  | City/State/Zip: |
| How long have you lived at the address above?  |
| **Education Information** |
| Name of High School attended & graduation year:  | If you did not graduate high school, what is the highest grade level you completed? Year:  |
| Do you have a GED? Yes or No. If yes, name of institution you received your GED and year you received your GED: |
| Did you attend college/technical school? Yes or No |
| Name of college or technical school:  | Did you graduate? Yes or No. If yes, what year? |
| **Relationship Status** |
| Marital Status: Single Married Separated Divorced Serious Relationship Widowed Date of marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Date of Separation: \_\_\_\_\_\_\_\_\_\_ / Date of Divorce: \_\_\_\_\_\_\_\_\_\_\_\_  |
| Spouses Name: Address: Phone Number: |
| **Dependents** |
| How many children do you have?  |
| Gender and DOB of children:Child #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have custody of your children: Yes or No. If no, who has custody?Child #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there any open DFCS case involving your children: Yes or No. If yes, what county is your DFCS case? What is your case mangers name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your case number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employment/Income Information** |
| Employment Status (circle one): Unemployed Employed Disabled Retired  |
| Status start date (when did this status begin):  |
| If employed, what is your employment type (circle one)? Full time Part time Volunteer Temporary |
| Name of employer:  |
| What is your profession/ current position?  |
| How many hours per week do you work? |
| What is your hourly rate or weekly pay?  |
| Do you receive any of the following (circle all that apply): Food Stamps Unemployment TANF WIC Social Security Disability VA Benefits |
| If receiving disability, when did you start receiving benefits and what are you receiving disability for? |
| How much do you receive each month in disability benefits?  |
| If receiving Food Stamps, Unemployment, TANF, or WIC, when did you start receiving these benefits and how much do you receive each month? |
| Do you pay child support? Yes or No If yes, what is your court ordered monthly obligation?If yes, are you behind on child support payments? If so, how much?  |
| Do you receive child support? Yes or No. If yes, how much do you receive a month?  |
| **Military Information** |
| Have you ever served in the Armed Forces? Yes No | Branch of service? |
| Enlistment date: | Discharge date: |
| Highest rank received: | Discharge type: |
| MOS/Job Assignment: | Total deployments: |
| Discharge reason: | Combat exposure? Yes No |
| Are you eligible for VA benefits? Yes No Unsure | Conflict Type: |
| Do you receive service connected benefits from the VA? Yes No  |
| What percentage of disability do you receive?  |
| Have you experienced any of the following (circle all that apply)? PTSD Sexual Trauma IED Exposure Traumatic Brain Injury |
| List any medals/awards you received: |
| **Medical Information** |
| Have you ever been or are you currently receiving treatment for mental health issues? Yes No |
| If yes, where? |
| List any mental health diagnosis that you have received from a doctor: |
| List any medications you are currently taking: |
| Name of prescribing doctor: |
| How long have you been taking these medications? |
| Are you currently pregnant? Yes No |
| What is your first drug of choice? Age of first use: Date of last use: |
| What is your second drug of choice? Age of first use: Date of last use: |
| What is your third drug of choice? Age of first use: Date of last use: |
| How often were you using your first drug choice? Daily Weekly Monthly Route: How often were you using your second drug choice? Daily Weekly Monthly Route:How often were you using your first third choice? Daily Weekly Monthly Route: |
| Have you ever experienced any of the following (circle all that apply): Tremors, Delirium, Overdose, Blackouts, Intravenous (IV) Use |
| Does anyone in your family abuse drugs or alcohol? Yes No |
| How many times have you been in treatment for substance use prior to this program?  |
| What kind of treatment (circle all that apply)? Inpatient Outpatient RehabDates of treatment? How long was that treatment?  |
| **Legal Information** |
| Are you currently on misdemeanor probation? Yes or No. If yes, answer the following: What county are on probation in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Probation Officer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What are the charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When were you placed on probation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When does your probation end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What are the conditions of your probation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you compliant? Yes or No  |
| Are you currently on felony probation in another county? Yes or NoIf yes, what’s your Officer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any pending charges? If yes, what is the offense and the county/state?  |
| Are you currently required to use any of the following (circle all that apply): Interlock GPS Ankle Monitor SCRAM |
| Are you need of resources? (Example: food, clothing, bus passes, job leads, child care etc.) |