INTAKE - QUESTIONNAIRE

Today's Date _____ Male or Female Arrival Date_____ Time: _____

1. Name_____ 2. Age _____ DOB _____Marital status: S M D Sep
3. Street_____ City_____ State_____ Zip_____
4. Whose Address?_____ Telephone where now reached _____
5. Referral source _____Telephone _____
   Will Counselor Fax and verify Alcohol/Drug Disability_____ Counselor_____

6. List all drugs used in the past including alcohol	Quantity	Age of first use	Date last used
☐ Alcohol	_____	_____	_____
☐ Marijuana	_____	_____	_____
☐ Cocaine	_____	_____	_____
☐ Crack	_____	_____	_____
☐ Opiates	_____	_____	_____
☐ Benzos	_____	_____	_____
☐ Heroin	_____	_____	_____
☐ Crystal Meth	_____	_____	_____

7. Negative consequences of drinking/using:
☐ Financial ☐ Legal ☐ Alienation from Family ☐ Custody ☐ Depression ☐ Hopelessness
Loss of: ☐ Home ☐ Vehicle/s ☐ Job/s ☐ Health _____
☐Other_____
_____
_____
_____
_____

8. Family History of Addiction? Maternal_____Paternal_____
9. Previous treatment:
   First treatment_____ Year _____
   Last treatment _____ Year _____
   Number of times in treatment (in & out-patient) _____

All Other_____Attending AA/NA?_____
10. Detoxed? _____ Where? _____ 11. Discuss Detox situation/status _____
_____Any History of Seizures?_____

12. List all current/past Medications	Medical/Psych. Diagnosis	Length of use	Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Certain medications will not be approved for use at ALR. Staff must approve all meds prior to use.
You will need to bring prescription refills and at least a 30-day supply of your meds if approved.
All Doctors Appointments and meds will be at residents' own expense and responsibility.

Questionnaire (cont.)

13. Disability type:

☐ Alcohol Abuse ☐ Developmental ☐ HIV/Aids
☐ Drug Abuse ☐ Physical/Medical
☐ Mental Illness ☐ Physical/Mobility Limits

14. Type of living situation

☐ Controlled environment ☐ Place not meant for habitation
☐ Domestic Violence situation ☐ Foster care/group home
☐ Emergency shelter ☐ Psychiatric Hospital or facility/NO home upon release
☐ Jail, prison ☐ Hotel-motel-w/o emergency shelter
☐ Hospital/NO home upon release ☐ Substance Abuse Treatment/NO home upon release
☐ Jail/prison/NO home upon release ☐ Transitional Housing for Homeless
☐ Living with Family ☐ Living with friends
☐ Rental House or Apartment ☐ Subsidized Housing
☐ Own house or apartment ☐ Permanent housing for formerly homeless
☐ Formal Eviction (with notice)

15. Length of Stay

☐ 1 week or less ☐ more than 3 months, but less than one year
☐ more than one week, but less than 1 month ☐ 1 year or longer
☐ 1 – 3 months

16. ***Homelessness Description***: _____
_____
_____

17. Extent of Homelessness

☐ First time homeless ☐ chronic: 4 times in past 3 years
☐ 1 – 2 times in the past ☐ chronic long-term: 1+ year or more

18. Where did they reside in last week before today? _____
_____

19. a. Will Counselor Fax verification of homelessness ____
b. Homeless? _____ Yes _____ No
c. Homeless Verification on file:

☐ Agency ☐ Institution
☐ Other _____ ☐ Outreach

20.A Victim of Domestic Violence? _____No _____ Yes - Explain extent: _____
_____

21.Allergies?_____ Vision/Dental Problems? _____
22. Health _____Current Health Problems?_____
23. Any Current Injuries? _____ Last Tetanus Shot? _____
24. Military Service _____Branch & Dishacharge type? _____
25. Vocational Training _____ Highest Grade Completed _____

Questionnaire (cont.)

26. Ability to work? _____ Types of jobs? _____
27. Date Last Worked?_____ Where worked? _____
28. Ethnicity _____ Government Assistance/Disability/SSI? _____ Amount _____
29. Resources $$$_____ Financial and/or Friends, Family$$$_____
30. Legal issues or charges _____

_____

_____

30. Probation: _____
Agent name & number: _____

31. Review with Client Items to bring:

__ Casual & Comfortable Interview clothes
__ Alarm clock
__ Food or food money for 2 weeks
__ Fowels, washcloths & toiletries
__ Double bed linens, blanket & pillow
__ CA$H for personal money
__ Drivers License & Soc. Security Card
__ A list of previous employers and contact info
__ Radio, T.V. (optional)
__ AA - NA text
__ Dictionary (Oxford version preferred)
__

Do not bring: Personal vehicle, cell phone, video games, weapons of any kind, or personal computers

WILL YOU NEED: Food Stamps _____I.D. _____ other _____

Emergency Contact:
Name: _____ Daytime Phone: _____

Mailing Address: _____ Evening Phone: _____
_____
_____ Relationship: _____

By signing below I attest that the statements contained in this document are true to the best of my knowledge.

Signature: _____ Date: _____

Driver's License #_____ SS #_____

STOP HERE! DO NOT GO ANY FURTHER UNTIL DOCUMENTATION IS RECEIVED

Staff Initials Initial Intake_____ Staff verification A/D disability_____ Homelessness_____
Chronic Homelessness? _____Yes _____ No

Arrival Notes / Dates & Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____