

**SISTERS IN HOPE
INTAKE ASSESSMENT FORM**

Name: (First) _____ (MI) _____ (Last) _____
SS #: xx-xx-_____ Birth Date: ____/____/____ Age: _____ Race: _____
Phone#: _____ Email: _____
Current residence: Own Home Parents Relative Friend Detox Incarcerated Homeless
Other. If other, please list: _____
Street: _____
City: _____ State: _____ Zip: _____ County: _____
Driver's License: Valid? Yes No. If yes, vehicle? Make/ Model: _____
If no, explain how to reinstate: _____ If no, State ID?: Yes No
Marital Status: _____ Name of spouse: _____ Phone #: _____
of Children: _____ Names and ages: _____

Guardian Name: _____ Phone #: _____
DFCS Involved? Yes No Do you owe child support? Yes No. If yes, how much? _____
Case Worker Name: _____ Phone #: _____
Highest level of education completed: High School GED College Other Did not graduate
Any military experience? Yes No.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone#: _____
Name: _____ Relationship: _____ Phone#: _____

LEGAL STATUS

Have you ever been incarcerated? Yes No. If yes, date of last incarceration: _____
Charges: _____
Mandating Party: Probation Parole Accountability Other _____
Name & County (if multiple, list all): _____
Phone #: _____ Fax #: _____ Email: _____
Any pending cases?: _____ County: _____
Pending cases cont'd: _____ County: _____
Attorney/Public Defender Name: _____
Phone #: _____ Fax #: _____ Email: _____
Have you ever been in prison? Yes No # of times _____ When/Charges? _____
Have you ever been arrested for sex crimes? Yes No Arson? Yes No
Have you ever been involved in/related to a gang(s)? Yes No If yes, explain _____

SUBSTANCE USE HISTORY

How old were you when you first used alcohol? _____

How old were you when you first used other drugs? What substance(s)? _____

Date of last use? _____ What substance(s) and quantity? _____

Are you addicted to alcohol or drugs? Yes No Explain: _____

Substance(s) of choice: _____

IV drug use? Yes No What substance(s)? _____

Family history of substance use? Yes No Explain: _____

Previous Treatment? Yes No Where? _____

How Long? _____ Completed? Yes No

What kind of problems has drug/alcohol use caused you? _____

How many years/months of substance use? _____ Longest amount of time without use? _____

How did you stay abstinent? _____ (NOTE: Must not be in need of detox for admission)

HEALTH STATUS

Rate Your Health: Excellent Good Average Declining

Do you smoke cigarettes or vape? _____

Height: _____ Weight: _____ Recent Changes: Yes No If yes, explain _____

Physical/medical conditions: _____

Known allergies (insects, food, meds, etc.): _____

Mental health conditions: _____

List all current medication(s): _____

Prescribing doctor/agency: _____

Family history of mental health? Yes No Explain: _____

Attempts of suicide? Yes No. Current suicidal thoughts? Yes No

Explain: _____

Acts of self-harm? Yes No Type: _____ Date of last harm: _____

Current thoughts of self-harm?: Yes No. If yes, explain: _____

Any communicable diseases or viruses? If yes, are you currently receiving treatment? (Example: HIV, Hep C, STD's): _____

Receive government assistance?: Disability SSI Unemployment. If yes, amount? \$ _____ If yes, are you allowed to work? Yes No Explain: _____ Do

you receive (check if applicable): Food Stamps Medicaid Medicare CAPS

EMPLOYMENT STATUS

Current Employment: _____ How Long?: _____

Previous Employment: _____ How Long?: _____

Previous Employment: _____ How Long?: _____

What was your longest full time job and how long?: _____

TREATMENT GOALS

What is going to be your motivating factor to abstain from substance use at this time?

What are some of your personal goals?

What do you hope to get out of being in the program?

Are there any other areas of your life you need assistance with?

FINANCIAL INFORMATION

Admission Fee: \$1,400 (Non-refundable); Weekly Fee: \$250(Due on Wednesday); Will need weekly spending allowance; Will need groceries or funds for food; Total Cost for Admission: \$1,400 (Includes admit fee + first 2 weeks fees)

Name of person responsible for admission fee: _____

Phone #: _____ Relationship: _____

ADMISSION CRITERIA: Initial each line below to indicate the statement as correct.

___ Are you not in need of detoxification and willing to commit to recovery

___ Are you willing to submit a urine drug screen upon admission

___ Are you free from any active warrants

___ Are you free from any sexual charge

___ Are you entering the facility voluntarily or court mandated as approved to be at our facility by the court

___ Are you able to have adequate control over your behavior and be assessed as not dangerous to yourself or others

___ Are you willing and able to commit to active participation in all levels of the program

___ Are you medically stable or willing to be assessed as stable and free from any illness or infection that requires isolation from others

___ Are you able to meet personal needs (maintain employment, administering medication, bathing, dressing, eating, etc.) without assistance

___ Are you able to recognize that alcohol/drug use is a problem and express a desire to recover and change

By signing below, I am stating that my answers have been truthful and accurate and understand that I may be unsuccessfully discharged if found untruthful.

Signature: _____ Date: _____ Staff

Signature: _____ Date: _____ Rev 03/28/2023--AC