ACCEPTANCE
RECOVERY
GIVE RECOVERY A VOICE

INTAKE ASSESSMENT FORM

GENERAL INFORMATION: (PRINT)

Legal Name: (First) _____ (Middle) _____ (Last) _____ Pronouns: _____

If you prefer to go by another name, or have a nickname, please provide it here: _____

Full SS #:-_____ Birth Date: _____/_____/_____ Age: _____ Race: _____

Ethnicity: Hispanic or Non-Hispanic Gender: _____ Sexual Orientation: _____

Are you currently experiencing any challenges with your identified orientation? Y or No If yes, please explain:_____ Phone#: _____

Email:_____GDC or EF #:_____

Are you currently incarcerated? Y or N, if yes, where?_____

What is your current residency? (if you are incarcerated, what was your living arrangement before incarceration):

Own Home ___Parents __ Relative ___ Friend __ Detox __ Incarcerated __ Homeless __ If other, please list:

_____Street: _____ City:_____State: _____Zip: _____

County: _____

Have you ever experienced homelessness? Y or N, if yes what did this look like for you?

_____

Any visible tattoos? Y or N If yes, please describe: _____

Valid driver's license? Y or N If yes, vehicle? Make/ Model: _____

If no, explain how to reinstate: _____ If no, State ID? Y or N

Do you have a Birth Certificate? Y or N Do you have a Social Security Card? Y or N

Are you currently in an active relationship? Y or N, if yes, with who?_____

Legal Marital Status, circle which applies: Single, Never Married, Married, Divorced, or Widowed

Name of spouse: _____ Phone#: _____

# of Children: _____ Names and ages: _____

Guardian Name: _____ Phone#:_____

County/Counties Children Reside In:_____

DFCS Involved? Y or N Do you owe child support? Y or N If yes, how much?_____

Case Worker Name: _____ Phone#: _____

Highest level of education completed: High School _____ GED _____ College _____

Other _____ Did not graduate _____ Explain: _____

Any military experience? Y or N If yes, what branch/when? _____

Have you previously applied for acceptance at ARC? Y or N, if yes when? _____

Do you know any current, or previous residents or staff of ARC? Y or N, if yes who?

_____

ACCESSIBILITY:(PRINT)

Primary Spoken Language: _____ Additional Languages Used, Spoken or Understood:

_____

Do you require any assistive technology?(e.g. hearing aids) _____

Do you require any accommodations to help you read or complete forms? (e.g., larger font, verbal assistance, interpreter) _____

Please circle what applies to you:

I read and write independently.

I can read some, but need help with complex documents.

I prefer to have information read aloud to me.

I need information provided in another format (e.g., audio, large print).

EMERGENCY CONTACT INFORMATION: (PRINT)

Name: _____

Relationship: _____ Phone#: _____

Name: _____

Relationship: _____ Phone#: _____

What support person(s) will agree to the Family Restoration Group? _____

Do you currently have legal authority to make decisions for yourself? Y or N
IF No, is there someone else who has been granted power of attorney to make decisions on your behalf? Y or N,
IF Yes, Please Explain: _____

EMPLOYMENT STATUS: (PRINT)

Current Employment: _____ How Long?: _____

Previous Employment: _____ How Long?: _____

Previous Employment: _____ How Long?: _____

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

Are you currently able to work a full time job which is 35-50 hours per week? Y or N

If no, please explain: _____

LEGAL STATUS: (PRINT)

Referred By: _____

Mandating Party: Probation Parole Accountability Other _____

Are you currently in any type of accountability court? Y or N, if so which one and what county?

_____

Are you court ordered to complete a THOR approved program? Y or N or Unsure

Are you currently on Misdemeanor Probation? Y or N

Are you currently on Felony Probation? Y or N

Are you currently on Parole? Y or N

Name & County (if multiple, list all): _____

Phone#: _____ Fax#: _____

Email: _____

Have you ever been incarcerated? Y or N Date of last incarceration: _____

Charges: _____

Any pending cases? _____ County: _____

Attorney/Public Defender Name: _____

Phone#: _____ Fax#: _____ Email: _____

Have you ever been in prison? Y or N # of times _____ When/Charges? _____

_____

Have you ever been arrested for sex crimes? Y or N Arson? Y or N

Have you ever been involved in a gang(s)? Y or N Explain:_____

HEALTH STATUS: (PRINT)

Rate Your Health: Excellent Good Average Declining

Height: _____ Weight: _____ Recent Changes? Y or N _____

Physical/medical conditions: _____

Are you pregnant?_____

Do you smoke or use tobacco? Y or N Do you vape? Y or N

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

Mental health conditions: _____

List all current medication(s): _____

Prescribing doctor/agency: _____

Do you use any complementary health approaches? _____

Previous inpatient/hospitalizations due to psychiatric conditions? Y or N If yes, how many times and for what? Explain:_____

Family history of mental health? Y or N Explain:_____

Do you have any non-substance addictive behaviors? Y or N

If yes, circle all that apply: Gambling Sex/Porn Internet/Social Media Food(ie: binging/purging)

Video Games Shopping Other: _____

Have you experienced or witnessed trauma in your lifetime? Y or N

If yes, circle all that apply: Abuse Neglect Violence Sexual Assault Other:_____

Attempts of suicide? Y or N Current suicidal thoughts? Y or N

Explain: _____

Acts of self-harm? Y or N Type: _____ Date of last harm: _____

Current thoughts of self-harm? Y or N Explain: _____

Any communicable diseases or viruses, such as HIV/AIDS, Hep C, STI's? Y or N

Explain: _____ (Please note that this will **not** affect your acceptance.)

If yes, are you currently receiving treatment? _____

Receive government assistance? Disability _____ SSI _____ If yes, amount? $_____

Do you have medical insurance? Y or N Insurance Provider: _____

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

SUBSTANCE USE HISTORY: (PRINT)

Please complete the following by circling yes or no:

1.) **Y or N** Have you found yourself taking the substance in larger amounts or for longer than you're meant to?
2.) **Y or N** Have you wanted to cut down or stop using the substance but could not manage to do so?
3.) **Y or N** Have you spent a lot of time getting, using, or recovering from use of the substance?
4.) **Y or N** Have you experienced cravings and urges to use the substance?
5.) **Y or N** Have you not been able to do what you should at work, home, or school because of substance use?
6.) **Y or N** Have you continued to use it, even when it causes problems in relationships?
7.) **Y or N** Have you given up important social, occupational, or recreational activities because of substance use?
8.) **Y or N** Have you used substances again and again, even when it puts you in danger?
9.) **Y or N** Have you continued to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance?
10.) **Y or N** Have you found yourself needing more of the substance to get the effect you want (tolerance)?
11.) **Y or N** Have you developed withdrawal symptoms, which can be relieved by taking more of the substance?

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? Y or N If yes would you say alcohol or drugs or both?

Substance(s) of choice: _____

IV drug use? Y or N What substance(s)? _____

Family history of substance use? Y or N Explain: _____

Previous Treatment? Y or N Where? _____

How Long? _____ Completed? Y or N

If No, why? _____

Previous Treatment? Y or N Where? _____

How Long? _____ Completed? Y or N

If No, why? _____

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

_____

How many years/months of substance use? _____ Ever attend AA or NA? _____

The longest amount of time without use? _____ How did you stay abstinent? _____

(NOTE: Must not be in need of detox for admission. If you have a positive screen upon intake,

you will be responsible for a minimum additional $10 per week drug screening fee until consistent negative results are received.)

PERSONAL INFORMATION: (PRINT)

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

_____

_____

What are your personal goals? _____

_____

What do you hope to get out of your participation in the ARC program? _____

_____

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

_____

How do you describe your cultural identity, and in what ways does it influence what is important to you or how you live your life? _____

_____

_____

Do you hold any spiritual or faith-based beliefs? If so, how do they show up for you or support you in your daily life or recovery? _____

_____

_____

FINANCIAL INFORMATION: (PRINT)

Name of person responsible for fees: _____

Phone#: _____ Relationship: _____

Admission Fee: $650 (Non-refundable; less the application fee) Application Fee: $25-$100

Weekly Fee: $300 (Due by accountability day) Weekly Spending: $25-$50

Total Cost for Admission: $1250.00 (Includes admit fee + first 2 weeks fees)

ADMISSION CRITERIA: (Please indicate “yes” or “no” and note that we reserve the right to do a background check)

____ Are you free from alcohol or substance use for at least 72 hours and not in need of detoxification?

____ Are you willing to submit a urine drug screen upon admission?

____ Are you free from any active warrants in this or any other county?

____ 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 medically stable?

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

____ Are you able to have adequate control over your behavior and be assessed as not dangerous to self or others?

____ Are you willing to commit to active participation in all levels of the program?

____ Are you able to meet personal needs (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?

RELEASE OF CONFIDENTIAL INFORMATION: If there is anyone who we will need to be able to contact/coordinate with regarding your intake process, please list them below and check which information we are allowed to discuss. Examples are probation, attorneys, a person financially responsible for your intake fees, or a family member/support person. **If you do not list them here, we will not be able to discuss your intake process with them.**

To provide or receive from	**Purpose of the use and disclosure of** (check all that apply)	**Information to be disclosed** (check all that apply)
Name:________ **Relationship:**________ **Phone:**________	☐ Coordination of Care ☐ Legal Request ☐ Family ☐ Case Plan ☐ Specify:________	☐ Recovery Planning ☐ Intake Progress ☐ Medical Records ☐ Financial ☐ Specify:________
Name:________ **Relationship:**________ **Phone:**________	☐ Coordination of Care ☐ Legal Request ☐ Family ☐ Case Plan ☐ Specify:________	☐ Recovery Planning ☐ Intake Progress ☐ Medical Records ☐ Financial ☐ Specify:________
Name:________ **Relationship:**________ **Phone:**________	☐ Coordination of Care ☐ Legal Request ☐ Family ☐ Case Plan ☐ Specify:________	☐ Recovery Planning ☐ Intake Progress ☐ Medical Records ☐ Financial ☐ Specify:________

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 Print: ______________________________

Staff Signature: __________________________ Date: ______________

FOR STAFF:

1.) Diagnostic Score**:** _____

2.) Stage of Change: _____

3.) Status:

a.) Orientation:
- i.) Oriented to time
- ii.) Partially oriented
- iii.) Disoriented
- iv.) Unable to assess (explain): _____

b.) Time awareness:
- i.) Oriented to time
- ii.) Partially oriented
- iii.) Disoriented
- iv.) Unable to assess (explain): _____

c.) Attention:
- i.) Intact
- ii.) Mild difficulty
- iii.) Significant difficulty
- iv.) Unable to assess (explain): _____

d.) Thought process:
- i.) Denies hallucinations
- ii.) Reports hallucinations
- iii.) Unclear / inconsistent response
- iv.) Unable to assess (explain): _____

e.) Safety:
- i.) Denies SI/HI
- ii.) Reports passive thoughts
- iii.) Reports active thoughts
- iv.) Unable to assess (explain): _____

4.) Action Items: _____

5.) Other Notes:_____