



DEMOGRAPHICS

Name: Phone:

Previous Address:

City: Zip:

Gender: Male Female *If female, pregnant:* Yes No Smoker: Yes No

Marital Status: Married Civil Union Divorced Separated
 Widowed Never Married Other

Race: Native American Asian African American Native Hawaiian White/Caucasian
 Non-Hispanic Hispanic Unknown

Ethnicity: *If Hispanic:* Puerto Rican Mexican Cuban Other

Primary Language: Religious/Spiritual Practice:

Emergency Contact: Phone: Relationship:

Emergency Contact Address:

LEGAL INFORMATION / HISTORY

Pending Cases: Yes No Previous Involvement with the Criminal Justice System? Yes No

Current Probation: Yes No Criminal Justice Contact Name:

Current Probation: Yes No Criminal Justice Contact Phone:

Number of arrests in the last 30 days:

HEALTH STATUS

	Current Experiences / Uses	History Of	Not Applicable
Psychiatric Conditions			
Addiction Disorders			
Medical Conditions			
Trauma / Abuse			
Prescribed Medications			



HEALTH STATUS (Contd)

Current Health Problem:	Allergies: (Include medications)

No current health problems

No known allergies

Current Provider Agency:

Admission Date:

Current Doctor/Clinician/Worker:

Phone:

Medications prescribed during current treatment:

No current medication

Do you attend AA/NA Yes No

Number of times attended in the last 30 days:

Date of last use:

What is your longest period of sobriety or stability?

DRUG / ALCOHOL HISTORY

Drug Type	Method	Days used in last 30 days	Age at first use

ENTITLEMENTS AND BENEFITS

Principal Source of Income: None Public Assistance Retirement Salary Disability

Number of People Dependent on Income:

Number of Minors Dependent on Income:

Benefits: Medical SNAP SSD/SSI Other

Medicaid Status: Active Not Active Pending Unknown Medicaid

OTHER STATE/PROVIDER AGENCY INVOLVEMENT

Are you currently working with agency or case manager or Sponsor? Yes No

If so, what is your worker's name and phone number?

Name:

Phone:



REFERRAL SOURCE

Who referred you to this house? Self Treatment Center Nursing Facility Probation/Parole
 Other

FAMILY AND SUPPORTS

Do you feel you have social supports (family, friends, etc)? Yes No

How would you describe your current relationship with your family members?

Do any of your immediate family members have service needs? Yes No

If yes, please explain

Do you currently have a sponsor? Yes No Not Sure

EMPLOYMENT STATUS

Employment Status Employed full-time Employed part-time Non-competitive or volunteer work
 Unemployed, looking for work Not in labor force Other

Highest Grade Completed:

HOUSING STATUS

Living situation immediately prior to SRHS:

Private Residence Single Room Occupancy Residential care/treatment Residential care/treatment
 Hospital Prison/Jail Homeless Shelter Homeless (i.e. Street)

Reason for Leaving:

Have you been homeless within the last six months? Yes No Are you at risk of homelessness? Yes No

How many of the last 30 days have you been in a controlled environment (i.e. jail, hospital, group home, etc.)?



IN THE RESIDENT OWN WORDS

I need help with the following:

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Education | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Paying Rent/Utilities | <input type="checkbox"/> Shopping & Meal Preparation | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Health and Wellness Services |
| <input type="checkbox"/> Securing Benefits | <input type="checkbox"/> Money/Debt Management | <input type="checkbox"/> Opening a Bank Account | <input type="checkbox"/> Taking Medication | <input type="checkbox"/> Legal Assistance |

Are you interested in maintaining a sober lifestyle? Yes No Not Sure

What do you think is your biggest or most challenging issue?

What are the relapse triggers you can recognize?

What are your strengths?

What specific assistance or support would best help you to reach your goals?

Is there anything else you can tell us about yourself that would assist us in helping you meet your goals?

Staff Signature

Date

Resident Signature

Date