

Resource and Opportunity Center, Inc.
VICTOR HOUSE

Intake Assessment

Demographics

Date: _____ Time: _____ Referral Source: _____
Entry Date: _____
Name: _____ DOB _____
Case #: _____
Previous Address: _____ Years lived there _____
Phone(s) _____
Age: _____ SSN: _____ Driver's License: _____

Do you have any communication problems (language, hearing, writing or reading?)

Do you have any mental or physical disabilities that may prevent you from following through with this program?

Health

Do you have any allergies? Y or N List: _____

Are you sexually active? Y _____ N _____

Have you ever been sexually abused? Y _____ N _____

Have you ever abused anyone physically or sexually? Y _____ N _____

Do you have any sexual dysfunction or addiction? Y _____ N _____

Do you have or have you ever had any eating disorder? Y _____ N _____

Are you currently using any prescribed medication? Y _____ N _____

If so, what kind?

Have you ever or are you currently addicted to prescribed medication? Y _____ N _____

If so, what kind? _____

Do you use any over the counter medication regularly? Y _____ N _____

If so, which kind? _____

Have you ever paid for or received prescription drugs illegally? Y _____ N _____

Have you used IV drugs? Y _____ N _____

Have you ever shared needles? Y _____ N _____

Have you ever had sex with an IV user? Y _____ N _____

Have you ever had blackouts? Y _____ N _____

Have you ever attended AA/NA? Y _____ N _____

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Health (cont.)

Do you consider yourself an alcoholic or addict? Y____ N____

If so which? both? And why? _____

How long have you used alcohol? _____Month(s) _____Year(s)

How long have you used drugs? _____Month(s) _____Year(s)

Explain your alcohol and/or drug pattern, including amount of usage:

Which areas have drug and/or alcohol use created problems? Work _____ School _____

Family _____ Intimate Relationships _____ Health _____ Spiritual _____

Longest period of sobriety and/or clean time? Month(s)_____ Year(s)_____

What method did you use to stay sober or clean? 12-step program (AA/NA)_____

Religion _____ Mental Health Outpatient _____ Resident Recovery _____

Other _____

Why did or didn't this method work? _____

Past or current withdrawal symptoms? If yes, explain

List family members with substance abuse dependency?

Have you ever contemplated or attempted suicide ? Y____ N____

Are you currently suicidal or homicidal? Y____ N____

Have you ever harmed anyone due to alcohol or drug use? Y____ N____

List major medical issues or surgery (current or past)

Date of last physical? _____ Last STD test? _____ Results? POS NEG

Mental Health or Substance Abuse Treatment History

Please identify any past treatment experiences.

Place _____ Inpatient _____ Outpatient _____

Date _____ Completed? Y____ N____

Place _____ Inpatient _____ Outpatient _____

Date _____ Completed? Y____ N____

Place _____ Inpatient _____ Outpatient _____

Date _____ Completed? Y____ N____

List any and all Mental Health diagnosis you have received from a professional and the date of diagnosis.

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Mental Health or Substance Abuse Treatment History (cont.)

Last date of use and substance used? _____

Have you used any of the following in the last 30 days? (Circle) THC BENZ AMPH Opiates
Alcohol Cocaine Morphine LSD Inhalants PCP Others _____

Prescribed Medications:

Type	Date prescribed	Purpose	Comments

Name and phone number of prescribing physician _____

Social History

List persons who currently live in your household

Name	Age	Relationship

Who are you close with in your family and why? _____

Do you have children? Y_____ N_____ If yes, list first names, ages and sex

Are you married Y_____ N_____ If yes, how long? _____

Have you been divorced? Y_____ N_____ If yes, how long? _____

Specifically, how has your substance abuse affected your marriage?

Comments concerning family relationships?

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Social History (cont.)

Are you currently involved in an intimate relationship? Yes _____ No _____

If yes, to what degree? Married _____ Fiance _____ Dating _____ Sexual Only _____

Please explain _____

Is this relationship supportive or destructive of your recovery? _____ Please explain _____

Do you have family or friends in whom you confide? Y _____ N _____ Please Explain _____

Do you have a supportive relationship with someone in regards to your recovery? Yes _____ No _____

If so, who? _____

Do you have any leisure activities you enjoy? _____

List any clubs, organizations, etc in which you engage _____

Do/Did you have any religious or spiritual affiliations? Y _____ N _____

If yes, please explain _____

Employment

Are you currently employed? Y _____ N _____

If so, where and for how long? _____

Do you have any reason to believe you may not be employed within the next six months? Y _____ N _____

If yes, why and what are your plans to find new work? _____

If not employed, are you willing and able (mentally & physically) to work? Y _____ N _____

What's the longest period you held employment and where? _____

Do you have any skills or special training? If so, please list. _____

Employment History (Last 3 jobs, excluding side jobs)

Employer	Start Date	End Date	Reason for leaving or termination
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Education

High School Grad Y _____ N _____

GED Y _____ N _____

College Y _____ N _____

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Military

Please list any military experience you have had (include dates of service and type of discharge)

Legal

Are you directed by court for service? Y_____ N_____

Have you ever been arrested, other than traffic offenses? Y_____ N_____

Have you ever been convicted of a crime? Y_____ N_____

Are you presently on parole or probation Y_____ N_____

Do you currently have any court date pending? Y_____ N_____

If yes, list what court(s) date(s) and reason

Complete legal history:

Offense	Age	Court Sentence	Place of Incarceration
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Current Financial Informtion

Do you currently have any cash? Y_____ N_____

If so, how much? _____

Do you have a checking account? Y_____ N_____

Name of bank and current balance _____

Do you have a savings account? Y_____ N_____

Name of bank and current balance _____

Do you have access to any other income? Y_____ N_____

If so, where and how much? _____

Are you completely without financial resources? Y_____ N_____

Source of income? None_____ Employment_____ Disability_____ Unemployment_____

Pension_____ Family_____ Organizational Support (church, agency, state, etc)_____

Other_____

How often do you receive income? Weekly_____ Bi-weekly_____ Monthly_____ Other_____

Total amount you receive each month? _____

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Current Financial Information (cont.)

Do you expect to receive income within the next six months, excluding your regular income source?
(tax return, family, etc) Y_____ N_____ If yes, how much? _____

If you currently do not have a checking/savings are you legally able to open one? Y_____ N_____

Debts	Debtor	Amount Owed	Monthly Payment	Total Amount Owed
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

Are you willing to have your income monitored? Y_____ N_____

Do you owe court costs/fines? If so, to where, how much, and when are payments due?

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Entry Date and Time _____

Drug Screen Results POS NEG Comments _____

By signing below I declare that the information above is true and accurate to the best of my knowledge.

Resident's Signature _____ Date _____

Comments:

Director Signature _____ Date _____