

# National Crisis Intervention Training Institute, Inc.

## Substance Abuse Early Intervention Program

### CANDIDATE INTAKE FORM

Date \_\_\_\_\_ Location of Intake \_\_\_\_\_ Evaluator \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ SID \_\_\_\_\_

Nickname(s) \_\_\_\_\_ Extracurricular Program(s) \_\_\_\_\_

### Client Information

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ 10-42 \_\_\_\_\_ 10-43 \_\_\_\_\_ Triple-I \_\_\_\_\_

Record Findings \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Media Accounts \_\_\_\_\_

### Referral Information

Referral Source \_\_\_\_\_ Referral Source Phone \_\_\_\_\_

Incident Report # \_\_\_\_\_ Crime / Offense(s) \_\_\_\_\_ Misd \_\_\_ Felony \_\_\_

Pending Charges / Conditions \_\_\_\_\_

Agencies / Jurisdictions \_\_\_\_\_

Circumstances of Offense Resulting in Referral \_\_\_\_\_

### Prior Record Information

Prior/Current Student Conduct Issues \_\_\_\_\_

First-Caught Offender? \_\_\_ Y \_\_\_ N Prior Offenses / Agencies, if Applicable \_\_\_\_\_

OSCN # \_\_\_\_\_ NCIC # \_\_\_\_\_ Other # \_\_\_\_\_

Summary of Records Check Findings \_\_\_\_\_

**Abbreviated Substance Abuse History**

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Exhaustive List of Psychoactive Substances Tried / Number of Times / Frequency / Route(s) of Administration / Age of Onset

\_\_\_\_\_

Family History of Substance Abuse \_\_\_\_\_

\_\_\_\_\_

Psychoactive Substances Used in Last 90 Days / Frequency / Route(s) of Administration

\_\_\_\_\_

Psychoactive Substances Used in Last 30 Days / Frequency / Route(s) of Administration

\_\_\_\_\_

Self-Described Drug(s) of Choice \_\_\_\_\_

\_\_\_\_\_

Why? \_\_\_\_\_

Prior Consequences \_\_\_\_\_

Continued Use in Spite of Consequences \_\_\_\_\_

Encouraged by Others to Get Help? \_\_\_\_\_ By Whom? \_\_\_\_\_

Why? \_\_\_\_\_

**Eligibility and Appropriateness**

\_\_\_\_\_ Meets Referral Requirements / NOTE \_\_\_\_\_

\_\_\_\_\_ First-Caught Offender / NOTE \_\_\_\_\_

If "No," Rationale for Waiver \_\_\_\_\_

\_\_\_\_\_ Current NWOSU Student / NOTE \_\_\_\_\_

\_\_\_\_\_ Clearance from ADA, if Applicable / NOTE \_\_\_\_\_

\_\_\_\_\_ Clearance from Dean of Student Services / NOTE \_\_\_\_\_

\_\_\_\_\_ Student Willing to Participate in Program / NOTE \_\_\_\_\_

\_\_\_\_\_ Student Understands and Agrees to Conditions of Program / NOTE \_\_\_\_\_

\_\_\_\_\_ Student Agrees to Self-Pay of Necessary Program Costs / NOTE \_\_\_\_\_

\_\_\_\_\_ Student Intends to Remain at NWOSU for Duration of Program / NOTE \_\_\_\_\_

\_\_\_\_\_ Eligible? \_\_\_\_\_ Appropriate? \_\_\_\_\_ Cleared by Dean of Student Services? \_\_\_\_\_ Cleared by ADA?

Date to Begin SAEIP Participation \_\_\_\_\_ Completion Date Deadline \_\_\_\_\_

Date Intake Completed \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

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