

Stronger Together

Intake Form

Personal Details

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Date of Birth: ____/____/____ Age: ____

Contact Info:

Email: _____ Phone Number: _____

Most Recent Address:

Emergency Contact:

Name: _____ Relation: _____

Address: _____

Phone Number: _____

Current Relationship Status (Circle all that apply): Married Separated
Divorced In a Relationship Widowed Single/Never Married

Is your significant other also addicted?

Where are they presently living?

Do you in any way fear for your safety resulting from past relationships? _____

If yes, please explain in detail at the end of this form.

Are you currently or do you suspect you may be pregnant? _____

Children: _____ Ages/Gender/s: _____

Do you have custody of your children? _____

If no, where are they living? _____

Education/Last Grade Completed: _____

Language/Languages Spoken: _____

Were you raised within a specific religion? _____

Do you currently practice that or any other religion or how do you identify within a specific faith, if at all? (There are no wrong answers)

How did you hear about us? _____

Substance Use History

What is your substance of choice?

Please list any additional substances used/abused in the past 6 months:

How long have you been consistently using/addicted? _____

Are you presenting symptoms of withdrawal: _____

Are you currently on any Medically Assisted Treatment? _____

If yes, please ensure you have at least 5 days dosage prior to arrival or immediate access to your refill.

Please let us know how much clean time you have from every illicit and/or prescription/nonprescription substance you have used. This includes the following, alcohol, weed, opiates, meth/cocaine/crack/MDMA/ecstasy, any benzodiazepine (Xanax, clonazepam, etc.). Please make sure you answer this question fully, we will not be able to take you into our program if you are actively on some of these substances until you detox.

If you are currently on or taking the following medication types or illicit drug types, you will need to go to detox first, if you have used any of these medications for longer than 1-2 weeks please select detox needed.

Drugs/Substances: Any type of opiate (including all opiate class pills, heroin, fentanyl, etc), any type of benzodiazepine (including Xanax, Klonopin, and any other similar medication), alcohol (moderate to heavy users may need additional detox services).

Yes, I will need detox

No, I do not need detox

Unsure, can we talk about it?

Have you attended any other type of inpatient or outpatient substance abuse treatment? _____

If yes, when and for how long? _____

Are you currently working with the Courage Center or The Aiken Center or any other treatment programs? If yes please describe

Medical History

Do you have any physical limitations that would prevent you from working and/or walking up and down Stairs? If yes please explain

Do you have any medical conditions that require medication and/or ongoing medical treatment?

Please list ALL medications currently taken both over the counter and DR prescribed:

Have you been prescribed medication you are not presently taking for a current medical condition? If yes, what is the medical diagnosis? Why are you not taking this currently?

Have you ever received a mental health diagnosis? If yes please describe including at what age?

Certain psych medications are not allowed in our program, including the following: Seroquel, Remeron, Amitriptyline, and certain antihistamines. If you are seeking services with our program and are on these medications, please let us know if you are willing to swap to other comparable medications.

Legal Issues

Are you seeking services with our program because you are required to by any legal authority? _____

If yes, please explain the sentence and requirements of the sentence:

Are you on Probation/Parole, or under an open DSS case in any county/state?
Please describe

Do you have any unsettled cases or active warrants in the State of SC or GA?

Contact information for Probation/Parole/DSS caseworker:

Prior Convictions:

Are you required to register as a sex offender?

Recovery Goals:

Describe your current and future goals for your recovery

Describe your current life circumstances, including work, relationships, health, and/or major challenges/safety concerns not already described above

(use back of sheet if needed)

At Stronger Together, we have two options for residents: you can choose regular Sober Living style, or our 90 Day Focus option, which allows you to attend IOP (intensive outpatient classes) while finding part-time employment. 90 Day Focus is usually recommended for all prospective residents who have less than 30 days of clean time.

If you are unsure or would like more information, please select unsure, and we will reach out to you with more information.

90-day Focus

Sober Living

Unsure

****Please note that as we review your application we will make recommendations for what program/house will best suit your needs.**

I acknowledge all questions were answered to the best of my ability and that I have disclosed all important information that may impact the well being of myself and the group home community.

Signed this _____ Day of _____, 20____

Printed Name

Signed Name

Stronger Together NFP recognizes the rights of all individual's privacy and holds each person's confidentiality in the highest regard. Any information disclosed will be done with the consent of the resident prior to discussing confidential information and used solely to assist the resident obtain necessary services. No information will be disclosed to any party without the written, documented consent of the resident.