

Intake assessment packet for The Evers House transitional living program

Name : _____ Date of assessment : _____

Phone number : () _____ - _____

Last address : _____

D.O.B. _____

SS# : _____ - _____ - _____

DL/ID # : _____

Issuing State : _____

Are you pregnant : Y () N () If yes, when are you due? ___/___/___ Are you receiving prenatal care? If yes, who is your OB? _____

Smoker : Y () N ()

Veteran : Y () N () If yes, what date did you enlist? ___/___/___

What date you were discharged? ___/___/___ Was it **Honorably** () or **Dishonorably** ()

Marital status : Married () Separated () Divorced () Widowed () Never married () Civil union ()

Race : _____ Ethnicity : _____

Primary language spoken : _____

Secondary : _____

Highest grade completed in school : _____

College Y () N () If yes, degree? _____

Religious preference : _____

Emergency contact : _____

Phone number : () _____ - _____ Relationship : _____ Years acquainted : _____

Address : _____

Legal information :

Pending case(s) : Y () N () If yes, how many, () and when are your upcoming court date(s)?

Currently on probation? Y () N () Parole Y () N () Conservator Y () N ()

Number of arrests in the last 30 days : For :

Criminal justice contact : PH # () -

Health status :

Current problems/conditions :

Psychiatric conditions : Y () N () Addiction disorders : Y () N () Medical conditions : Y () N ()

Trauma/abuse : Y () N () Prescription meds : Y () N () Hepatitis : Y () N () if yes, a, b or c? ____

HIV : Y () N () Aids : Y () N () Other STD : Y () N ()

Other blood disorder(s) : Y () N () Heart disease : Y () N () Organ failure : Y () N ()

Other : Y () N ()

If you checked yes to any of the above, give a detailed explanation below :

Previous rehabs and/or treatment facilities : Y () N ()

When : Where :

How long : Person of contact from facility :

Admission date : ____/____/____ Dismissal date : ____/____/____ Completed successfully? Y () N ()

AA/NA :

Do you attend : Y () N () How many times in the last 30 days : _____

When did you last use drugs or alcohol? _____

What is your longest period of sobriety and stability? _____

Do you currently have a sponsor? Y () N ()

If yes, does she knows you're entering this program? Y () N ()

Sponsor's name : _____

How often do you meet with or talk to your sponsor? _____

Drug & alcohol history :

Please list all types you have ever used. Use the back of this page if necessary to fully explain. We do individualized case management based on the needs of each client, so we need a true in depth explanation of what you're dealing with within your addiction/recovery!

Drug : _____ Preferred method of ingestion : _____ Age of first use : _____

Used in last 30 days ? Y () N () Last week : Y () N () Last 24 hrs : Y () N ()

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Used in last 30 days ? Y () N () Last week : Y () N () Last 24 hrs : Y () N ()

On the lines provided below, please list anything about your addiction you may think we need to know. And if you use alcohol instead of drugs, please what and how much and how often you drink.

Current income & benefits

Employed? Y() N()

If yes, where? _____ How long? _____

If no, please sign your name on the line below saying you understand the information listed on the rules and regulations page which should have been given to you, stating that you will make finding a job a "full- time job" until you are employed!

Signature : _____ Date: _____

Government Benefits:

Food Stamps : Y() N()

Medicaid : Y() N()

Cash Assistance : Y() N()

SSI : Y() N()

SSD : Y() N()

Other : Y() N()

Weekly Fees: It is \$105.00 a week to be in this program, and you must stay current with paying them. Non-payment is grounds for dismissal!

Do you understand this? Y() N()

Do you agree to pay the \$105 every week? Y() N()

Longleaf Outreach & Development (The Evers House) **does** have the right to, **and will**, seek legal action shall you refuse to pay your remaining balance when you are discharged.

Other state assistance or involvement programs:

Are you currently working with the DCF, Big Bend, Children's Home Society, Life Management, etc?

Y() N()

If yes, what agency and for what? _____

How long have you been involved with said agency? _____

How did you hear about The Evers House? _____

Family and support :

Do you have the support of your family and or friends as you enter this 6-12 month program? Y () N ()

If yes, whom is your support? _____

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

Are they supportive of your journey to recovery? Y () N ()

Do any of your immediate family members have service needs? Y () N ()

If yes, please explain :

Housing status :

What was your living situation immediately prior to entering The Evers House transitional living program?

Homeless : Y () N ()

Incarcerated : Y () N ()

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List of what to and not to bring upon entry in to the Evers House:

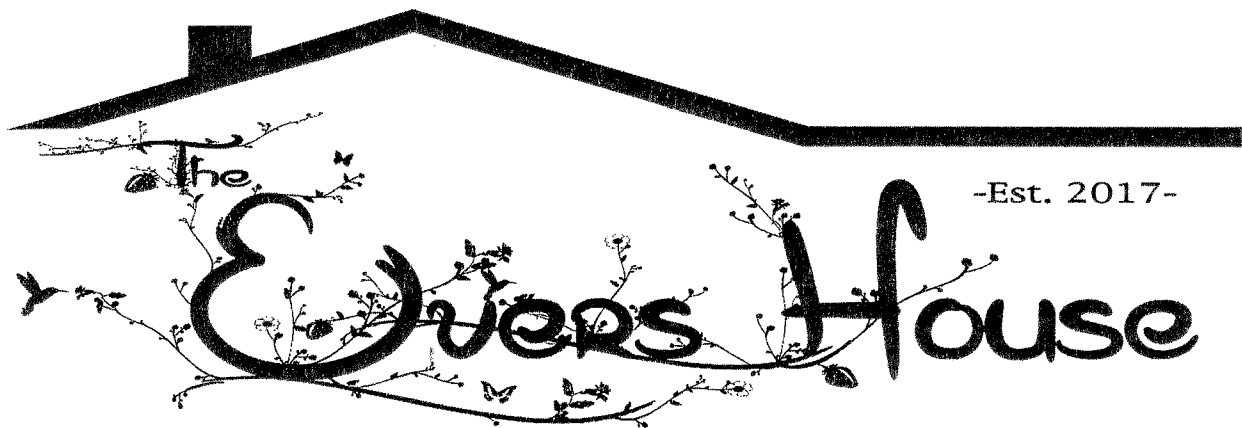
Bring

- An open heart, mind and attitude
- Clothes – a limited amount as their is not a huge amount of storage space per client
- Shoes
- Hygiene & personal items (if you have them)
- Laundry detergent if you prefer a certain brand
- Your own tobacco products if you smoke, and you are only to use them in designated areas, and ALL butts must be put in to an ashtray. Not in the garbage or thrown down in the yard
- Writing materials and stamps if you so choose to write someone; and their correspondences to your letters must be sent to
P.O. Box 326 Panama City, FL 32401
- Reading materials that support recovery if you like to read
- A bible (one will be furnished for your use if you do not have one)
- Your cell phone if you have one
- LIMITED amount of money for your weekly fees and personal needs
- Your own food if you have any
- Family photos
- Journal or diary
- Pens and paper

Do NOT bring

- A negative attitude
- Tv, video games, electronics aside from a cell phone, or computers
- Pets
- Weapons
- Candles
- Drugs or alcohol
- Negative or derogatory video or reading materials
- ANYTHING anti-christ, as we are a faith based facility
- More food than you can fit into one cabinet and one small shelf in the fridge/freezer
- ANYTHING illegal

Date _____ Signature _____



Medical

We are NOT a detox facility! Residents must be properly medically detoxed before entering The Evers House. We do **NOT** have medical staff on site to assist in this process, or any complications that may come with this. Participants of the program **will be required** to take a drug test and have **NO** trace **of ANY** drugs in their system before entering the home. Random UA's are also a **mandatory** part of the program.

A physical is also required upon acceptance and admission. It can be done by a doctor of your choice, but it must be done promptly, i.e. within 30 days of entering the home.

We will provide you with a list of medical facilities that base their fee on a sliding scale at your request. You are responsible for setting up any medical appointments and discussing your costs with the facility you've chosen.

We require you to provide results for HIV, Hep A, B & C, TB and any other STD's, so make sure you either go to the health department or let us know you need

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Clients rights:

All services at Longleaf Outreach & Development's transitional housing program are voluntary. Even after accepting services, clients have a right to terminate services at any time, any resign from the program at any time if you so choose. If you're court ordered to the program, it is a VOP, and your officer will be notified *immediately!*

Applications for outside services can be gotten thru your director or peer counselor at any time. Please do not hesitate to ask for them. We are here to help you.

Date

Client signature

Grievance policy:

All clients have the right to submit a grievance form at any time felt necessary by any client. If you do not think you are being afforded your rights, or have been treated unfairly, or there is a problem with another client in the house, you must go thru the proper channels to have the problem properly addressed. Grievance forms are on site at the house, and at minimum should contain a full description of the event, the time and date it took place, and everyone who was involved.

Date

Client signature