

Name : \_\_\_\_\_ Date of assessment: \_\_\_\_\_

Phone number : ( ) \_\_\_\_\_ - \_\_\_\_\_

Last address : \_\_\_\_\_

D.O.B. \_\_\_\_\_

SS# : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DL/ID # : \_\_\_\_\_

Issuing State : \_\_\_\_\_

Are you pregnant: Y ( ☐ ) N ( ☐ ) If so 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 were you 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 \_ Addition 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 disorders: Y \_ N \_ Heart disease: Y \_ N \_ Organ failure: Y \_ N \_

Other Y \_ N \_

If 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 or he know you're entering this program? Y \_ N \_

Sponsor's name: \_\_\_\_\_

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

**Drugs & Alcohol history:**

Please list all the types you have ever had. 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 want 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 the last 30 days? Y\_N\_ Last week: Y\_N\_ Last 24 hrs: Y\_N\_

Drug: \_\_\_\_\_ Preferred method of ingestion: \_\_\_\_\_ age of first use: \_\_\_\_\_

Used in the last 30 days? Y\_N\_ Last week: Y\_N\_ Last 24 hrs Y\_N\_

Drug: \_\_\_\_\_ Preferred method of ingestion: \_\_\_\_\_ age of first use: \_\_\_\_\_

Used in the last 30 days? Y\_N\_ Last week: Y\_N\_ Last 24 hrs: Y\_N\_

Drug: \_\_\_\_\_ Preferred method of ingestion: \_\_\_\_\_ age of first use: \_\_\_\_\_

Used in the last 30 days? Y\_N\_ Last week: Y\_N\_ Last 24hrs: Y\_N\_

Drug: \_\_\_\_\_ Preferred method of ingestion: \_\_\_\_\_ age of first use: \_\_\_\_\_

Used in the last 30 days ? Y\_N\_ Last week: Y\_N\_ Last 24hrs: Y\_N\_

Drug: \_\_\_\_\_ Preferred method of ingestion: \_\_\_\_\_ age of first use: \_\_\_\_\_

Used in the last 30 days? Y\_N\_ Last week: Y\_N\_ Last 24hrs: Y\_N\_

On the last line 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 do you drink.

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**Current Income and Benefits**

Employed? Y\_N\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

If no, please sign your name on the line below saying you understand the information lost on the rules and regulation page, which should have been given to you, stating you will make finding a job your 'full time job'.

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 \$165.00 a week to be in this program, and you must stay current with paying the fees.

Non-payment is grounds for dismissal. We require \$250 upon entering the program.

Do you understand this Y\_N\_

Lingleaf Outreach & Development **does** have the right to seek legal action shall you refuse to pay your remaining balance once discharged.

**Other State Assistance or Involvement Programs**

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

Y\_N\_

If yes, what agency and for what? \_\_\_\_\_

How long? \_\_\_\_\_

How did you hear about us?

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**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, who is your support?

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

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Are they supporting your journey to recovery? Y\_N\_

Do any of your immediate family members have service needs? Y\_N\_

If yes. please explain:

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**Housing status:**

What was your living situation immediately prior to entering the Kenny's Place of Grace transitional living program.

Homeless: Y\_N\_

Incarcerated: Y\_N\_