



Initial Assessment

Full Name: _____

Phone Number: _____

Email: _____

Mailing Address:

Marital Status: ____ **Age:** ____ **Sex:** ____ **Race:** ____ **Gender:** ____

Do you have children? Yes / No

If yes, how many? _____

Will you need assistance with an active CPS or DHS case involving children? Yes / No

Emergency Contacts (2):

Name: _____ **Phone Number:** _____

Address: _____

Email: _____ **Relationship:** _____

Name: _____ **Phone Number:** _____

Address: _____

Email: _____ **Relationship:** _____

Treatment Center/ Referral Source:

Name: _____

Length of Program: _____

Primary Counselor/Staff: _____

Expected Date of Discharge from Treatment Center: _____

Employment History:

Current or Most Recent Employer:

Employer Address:

Phone Number:

Supervisor:

Length of Employment:

Position/Title:

Second Previous Employer:

Employer Address:

Phone Number:

Supervisor:

Length of Employment:

Position/Title:

What is your highest level of education? _____

Would you like to gain more education in your time at Renters for Recovery? Yes / No

On a scale from 1 to 10, 1 being the least confident and 10 being the most confident, how confident are you in your career/job skills?

1 2 3 4 5 6 7 8 9 10

Substance Abuse/Alcohol History:

Please list all substances used, including alcohol if applicable. Specify how many years you have been abusing each substance and the date of last use. (Please include misused prescriptions or over-the-counter medications, inhalants, etc.)

What is your sobriety date? _____

At what age did you begin drinking or using drugs? _____

Do you have a family history of mental illness or alcoholism/addiction? Yes / No

Have you ever overdosed? Yes / No

Please explain (substance, date, etc.):

Have you ever attempted suicide? Yes / No

Date of most recent attempt: _____

Criminal History:

Have you ever been convicted of a felony? Yes / No

Please list, along with year and county of conviction:

Are you currently on Probation, Parole, Drug Court, or any other type of court supervision? Please specify and include the name of the court, location, and the supervising officer or case manager's name and contact information.

Do you have any active warrants or pending court cases? Yes / No

If yes, please explain.

Treatment History:

Is this your first time in a treatment center? Yes / No

If not, please list any previous treatment centers attended, the dates of attendance, and indicate if you did or did not complete the program.

Please list the name, location, and dates of any other sober living programs that you have participated in:

Have you ever had any involvement with any 12-step groups such as AA or NA? Yes / No
Do you have a sponsor? Yes / No

Please list all medications with dosage, frequency, and prescribing physician or facility:

Are you currently under the care of a counselor, therapist, psychiatrist, or psychologist?
Please list.

At Interlude House, participants will receive 2 counseling sessions per month at a therapist that works alongside our organization. If you would like to continue to see your own therapist instead of one provided by Interlude House, please indicate here.

Please list any physical health issues:

Please list any mental health diagnosis(s):

Please list reasons that you are seeking sober living:

Please list at least three goals you want to work on during your time in the program:

Please list individuals who are part of your support network:

I, _____ (Please print name), agree that all the information on this assessment is true and accurate to the best of my knowledge, and understand that any falsified information may be grounds for my dismissal from the Renters for Recovery Program. I also understand that Renters for Recovery reserves the right to contact any prior service providers, court systems, or treatment centers listed on this application for background information and referral purposes.

Signature

Date

Signature of Staff

Date