



ADMISSION / INTAKE FORM

CONFIDENTIAL

Admit Date _____

Referred by _____ Tel# _____

Last Name _____ First Name _____

Middle Name _____ Other names used: _____

Birth Date _____ Age _____

Do you have children? []Yes []No Are you pregnant?

List of Minor Children Living with you:

_____	D.O.B. _____
Age _____	
_____	D.O.B. _____
Age _____	
_____	D.O.B. _____
Age _____	
_____	D.O.B. _____
Age _____	
_____	D.O.B. _____
Age _____	

Last 90 Days Residence: _____

Cultural background: []Caucasian [] Black/African American [] Latino
[]Asian / Pacific Islander [] Native American [] Other

Hispanic Latino [] Non Hispanic Latino []

Military veteran [] Yes [] No

EDUCATION

What is the last grade which you completed?

Would you like to complete High School / pass the CHSPE? [] Yes [] No [] N/A

College or Trade School? [] Yes [] No [] N/A

Name of school and study _____

What have you considered as a career choice for the future?

Do you type? [] Yes [] No [] N/A wpm _____ shorthand? [] Yes [] No [] N/A

What are your talents? _____

Hobbies:

Interests _____

Computer skills? [] Yes [] No Basic knowledge? [] Yes [] No Intermediate [] Yes [] No

Skilled [] Yes [] No

Social Media Platforms [] Yes [] No

Which Ones are you associated with: **Facebook** [] Yes [] No **Instagram** [] Yes [] No **Twitter**

[] Yes [] No

LinkedIn [] Yes [] No **other** [] Yes [] No list:

Are you **Artistic?** [] Yes [] No **Creative?** [] Yes [] No **Outgoing?** [] Yes [] No **Introvert?** []

Yes [] No

Children's Education:

Name: _____ Grade _____

*******CONFIDENTIAL*******

Name _____

Domestic Violence victim [] Yes [] No When? _____ Type of Abuse:

Marital Status: [] Single [] Divorced [] Widowed [] Married
What has made you want to reintegrate into mainstream society?

Were you Prostituted or Sexually trafficked? [] Yes [] No if yes; at what age? _____
Did you recruit others? [] Yes [] No
Where did you work?

Length of time? _____
Did you have a pimp/gang affiliation? [] Yes [] No [] N/A

IF YES TO ANY OF THE ABOVE:

How has this affected your life?

Would you like to return to your family? [] Yes [] No
If no, why not?

Was your father present while you were growing up? [] Yes [] No

How was/is your relationship with him?

Was your mother present while you were growing up? [] Yes [] No

How was/is your relationship with her?

Siblings:

Were you physically, sexually or emotionally abused as a child? [] Yes [] No

Ages / by whom:

Have you ever been a runaway? [] Yes [] No

At what age/s?

Do you feel the urge to runaway a lot? [] Yes [] No

Substance abuse treatment history:

Alcohol History:

Type: _____

Frequency: _____ hourly _____ daily _____ weekly _____ socially

Amount: _____

Last drink: _____

Street or prescription drugs history:

Type(s): _____

Frequency: _____ hourly _____ daily _____ weekly _____ socially

Amount: _____

Last use: _____ Type: _____

Method of use : _____

Have you ever been a drug dealer? [] Yes [] No

If yes, at what age/s? _____ When was the last time you dealt drugs?

Have you ever been arrested? [] Yes [] No

Age _____ Charge _____ Date / conditions of your release _____

Have you been in jail or prison? [] Yes [] No

Age /Year _____ Charge _____ Date of & conditions of your release _____

Are you currently on probation? [] Yes [] No

Dates _____ Conditions? _____

Probation

Officer: _____

Phone

number: _____

Upcoming court cases while at Naomi Project:

Criminal court? [] Yes [] No Date/
s: _____

Family court? [] Yes [] No Date/
s: _____

Have you ever been in: Transitional program? Housing program? Any Treatment program? []

Yes [] No

Program name/ location / length of stay:

Do you understand that Naomi Project is Christian Faith based ?

Spiritual belief system: (circle one)

Agnostic Christian Catholic Protestant Non Denominational
Atheist Muslim Jehovah Witness Mormon Other

Medical needs:

Dental needs:

Have you or any of your children been diagnosed with any form of Psychiatric disorders? [] Yes [] No
No (List)

Self-harm current or past: [] Yes [] No Type of?

Prescription Medications

<u>Name of Patient / Medication</u>	<u>Dose</u>	<u>Frequency</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does You or any of your children have any food allergies? [] Yes [] No List:

Any other Allergies? [] Yes [] No List: Who What

FOR OFFICE USE ONLY
CONTACTS

Emergency contact _____ Tel _____
#: _____

Emergency contact _____ Tel #: _____

Therapist _____ Tel _____

Psychiatrist _____ Tel _____

Case Worker _____ Tel # _____

Social Worker _____ Tel _____

CPS Worker _____ Tel _____

Probation / Parole Officer _____ Tel _____

School / Childs Name _____ Tel _____

Authorization for Disclosure of Personal Information

_____,
(NAME)

hereby authorize Naomi Project to obtain and disclose my medical / psychiatric / treatment information obtained in the course of diagnosis and / or treatment with my: ___primary care physician ___psychiatrist ___ other (_____) in order to coordinate my treatment and benefit my care. I understand that this may contain information related to psychiatric, drug and/or alcohol evaluation and/or treatment. This information may also contain confidential HIV AIDS related information. This authorization will expire one year from the date signed below unless stated otherwise.

I / authorize the exchange of information with:

Naomi Project SD
1090 Surrey Drive
Bonita, Ca. 91902
619.796.4648
naomiprojectinc@gmail.com



Client Printed Name:

CDL# _____ SS# _____

Client Signature

Date

Witness/ Printed

Signed:

Date

3 YEAR GOAL PLAN (GP) QUESTIONNAIRE

ONE YEAR:

Where would you like to see yourself in one year?

TWO YEAR:
Where would you like to see yourself in two years?

THREE YEAR:
Where would you like to see yourself in two years?

POA (Plan of Action)

Will be scheduled and planned out with your life coach upon entry of Naomi Project SD