



**FRIENDS HELPING FRIENDS LA**  
*Sober & Transitional Living*

## Client Intake Form

INTAKE FORM ID# \_\_\_\_\_ Program Site Assignment: \_\_\_\_\_

### PLEASE PRINT

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Four of S.S. #: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:      Male                  Female (circle one)

Single          Married          Divorced (circle one)

Driver's License or Identification # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Who to call in case of Emergency:

Name: \_\_\_\_\_ relation: \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ relation: \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Veteran: Yes No Branch: \_\_\_\_\_ Probation/Parole: \_\_\_\_\_

Location: \_\_\_\_\_

PO's Name: \_\_\_\_\_

PO's Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I'm taking the following:**

Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you under physician's care?      **YES**    **NO**    If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Name: Phone: Agency: \_\_\_\_\_  
\_\_\_\_\_

List all physical medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you under the care of a behavior health facility:    **YES**    **NO**    Agency Name How long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you prescribed psychotropic meds?    **YES**    **NO**    Do you possess meds?    **YES**    **NO**  
Medications Prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your doctor prepare a work release letter?    **YES**    **NO**  
Have you ever attempted suicide?    **YES**    **NO**    If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caseworker/Doctor Name: Phone: Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug(s) of Choice:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Use? \_\_\_\_\_

**CAN YOU PASS A DRUG TEST TODAY? YES NO**

Are you receiving county, state, or federal benefits? **YES NO** What? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

Have you ever received county, state, or federal benefits? **YES NO** What? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

Current Living Situation (**Circle One**) Streets Shelter Detox Jail/Prison Rental Housing Transitional  
Living Hospital DV Shelter Motel

Currently Employed? **YES NO** If no, last place of employment \_\_\_\_\_

\_\_\_\_\_ Date Last worked: \_\_\_\_\_

Name, address and phone of current employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pay Rate: \_\_\_\_\_ Type of Employment \_\_\_\_\_

Current Income: \_\_\_\_\_ Date Last Worked \_\_\_\_\_

**Who can we call to verify application (Circle One) PO Public Defender Attorney Case Manager COIII  
Pretrial Other**

Name \_\_\_\_\_ Fax (Required) \_\_\_\_\_

Phone # (Required) \_\_\_\_\_

**If incarcerated, we need a contact name above. If you don't know, find out. Application forms require  
a contact person to process:**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_

\_\_\_\_\_

If yes, next court date: \_\_\_\_\_

Are you a parole violator? **YES NO** Reason for Violation: \_\_\_\_\_

\_\_\_\_\_

Anticipated Release Date: \_\_\_\_\_

Are you on Supervision (Circle One)  IPS  Direct  Regular Parole  Fed Probation  No Supervision

Agency: \_\_\_\_\_

PO Name, Phone, Office Location \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have court fines? **YES** **NO** How much? \_\_\_\_\_ Do you have  
community service? **YES** **NO** How many hours? \_\_\_\_\_

Where are you assigned? \_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_ Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Lived at Friends Helping Friends Home before? \_\_\_\_\_

When / Where? \_\_\_\_\_

CONDITIONS OF ENTRY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

INTAKE PROCESSED BY: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_