



MERCER COUNTY HOUSE OF HOPE

Intake Assessment

Demographics

Date: _____ Time: _____ Referral Source: _____
 Entry Date _____
 Name: _____ DOB: _____
 Case# _____
 Previous Address: _____ Years Lived there: _____
 Phone:(H) _____ (W) _____ Cell: _____
 Age: _____ SSN: _____ Drivers License: _____

Do you have any communication problems(language, hearing, writing or reading)?

Do you have any mental or physical disabilities that may prevent you from following through with this program?

Health

Do you have any allergies?	(Y)	(N)	List
Are you sexually active?			_____
Have you ever been sexually abused?			<u>3</u> <u>3</u>
Have you ever abused anyone physically or sexually?			<u>3</u> <u>3</u>
Do you have any sexual dysfunction or addiction?			<u>3</u> <u>3</u>
Do you have or have you ever had any eating disorder?			<u>3</u> <u>3</u>
Are you currently using any prescribed medication?			<u>3</u> <u>3</u>
If so, what kind?			_____

Have you ever or are you currently addicted to prescribed medication?			<u>3</u> <u>3</u>
If so, which kind?			_____
Do you use any over the counter medication regularly?			<u>3</u> <u>3</u>
If so, which kind?			_____

Have you ever paid for or received prescription drugs illegally?			<u>3</u> <u>3</u>
Have you used IV drugs?			<u>3</u> <u>3</u>
Have you ever shared needles?			<u>3</u> <u>3</u>
Have you ever had sex with an IV user?			<u>3</u> <u>3</u>
Have you ever had Blackouts?			<u>3</u> <u>3</u>
Have you ever attended AANA ?			<u>3</u> <u>3</u>
Do you consider yourself an alcoholic or addict?			<u>3</u> <u>3</u>
If so which? Both? And Why?			_____

Mental Health or Substance abuse Treatment History (cont.)

Prescribed Medications

(Y) (N)

If yes...

Type	Date Prescribed	Purpose	Comments

Name and number of Prescribing Physician _____

Social History

List persons who currently live in your household

Name	Age	Relationship

Who are you closest with in your family and why?

Do you have children? (Y) (N) _____ If Yes, List first names, ages and sex

Are you married? (Y) (N) _____ If yes, how long?
Have you been divorced? (Y) (N) _____ If yes, how long?
Specifically, how has your substance abuse affected your marriage?

Comments concerning family relationships?

Are you currently involved in an intimate relationship? (Y) (N)
If yes, to what degree? Married Fiancè Dating Sexual only
Please Explain

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Is this relationship supportive or destructive of your recovery? Please explain _____

Social History (cont.)

Do you have family or friends in whom you confide? Please explain (Y) (N)

Do you have a supportive relationship with someone in regards to your recovery?
If so, who _____ (Y) (N)

Do you have any leisure activities you enjoy? _____

List any clubs, organizations, etc.. In which you engage in _____

Do/Did you have any religious or spiritual affiliations? (Y) (N)
If yes, please explain _____

Employment

Are you currently employed? (Y) (N)
If so, where and for how long? _____

Do you have any reason to believe you may not be employed within the next six months? (Y) (N)
If yes, why and what are your plans to find new work? _____

If not employed, are you willing and able (mentally & physically) to work? (Y) (N)
What's the longest period you held employment and where?
Do you have any skills or training? If so, please list _____

Employment History (Last 3 Jobs, Excluding side jobs)

Employer	Start Date	End Date	Reason for leaving or termination

Education

High School Grad (Y) (N) GED (Y) (N) College (Y) (N)
If yes to college, please list college and degree _____

Military

Please list any military experience you have had (include dates of service and type of discharge)

Legal

Are you directed by court for service? (Y) (N)
 Have you ever been arrested, other than traffic offenses? (Y) (N)
 Have you ever been convicted of a crime (Y) (N)
 Are you presently on parole or probation? (Y) (N)
 If yes, name and number of your parole officer _____ NA _____
 Do you currently have any court dates pending? (Y) (N)
 If yes, list what court's, Date's) and reason _____

Complete legal History:

Offense	Age	Court Sentence	Place of Incarceration

Current Financial Information

Do you currently have any cash? (Y) (N)
 If so, how much? _____
 Do you have a checking account? (Y) (N)
 Name of Bank and current balance _____
 Do you have a savings account? (Y) (N)
 Name of Bank and current balance _____
 Do you have access to any other income? (Y) (N)
 If so, where and how much? _____
 Are you completely without financial resources? (Y) (N)

Source of Income (place an X where appropriate)

	None	Employment	Disability	Unemployment Compensation
Pension			Organizational Support (church, agency, state, etc.)	
Family				
Other				

How often do you receive income?

	Weekly	Bi-Weekly	Monthly	Other

Total amount you receive each month? _____
 Do you expect to receive any income within the next six months, excluding your regular income source? (tax return, family, etc.) (Y) (N)
 If yes, from who and how much? _____

If you currently do not have a checking/savings are you legally able to open one? (Y) (N)

Debts	Debtor	Amount Owed	Monthly Payment	Total Amount Owed
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are you willing to have your income monitored? (Y) (N)
 Do you owe court costs /fines? If so, To Where, how much, and when are payments due?
 _____ \$ _____ Due Date _____

Entry Date and Time _____

Drug Screen Results POS NEG Comments _____

Emergency Contact _____

By signing below I declare that the information above is true and accurate to the best of my knowledge

Client Signature _____ Date _____

Comments:

Director Signature _____ Date _____