



Gloucester Police Department Program Participant Intake form "Angel" program

Participant's Name: _____ **Date:** _____ **Time:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone # _____ **DOB:** _____ **Photo ID** YES NO

Sex of Participant: Male Female **SSN** _____

Name and number of person who can contact the Participant _____

Relationship status (that is, does Participant have a partner)?

- Legally married In a committed relationship Widowed
 Separated Single, never married Divorced

How much school has the Participant completed?

- Some high school Some college
 High school graduate/GED College graduate

At any time in the past 30 days, did the Participant work at a paying job?

- NO YES, part-time (type of job) _____
 YES full-time (type of job) _____

Does Participant have health Insurance?

- None Medicare Other
 Medicaid Private Insurance

Insurance carrier? _____

Does Participant have doctor or regular place where they get medical care? NO YES

Does Participant know anyone who has gone thru ANGEL program? _____

Warrant check completed YES NO **List any warrants:** _____

Has the Participant been arrested for drugs? NO YES

If yes, about how many times? _____

BOP check completed YES NO **History of violence ?** YES NO

Any concerns by the officer or the Watch Commander of a reasonable belief that the ANGEL could be seriously harmed by the patient? YES NO



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Does BOP include 3 or more drug related arrests and at least one of them is a conviction for possession with intent to distribute OR trafficking OR drug violation in a school zone?

NO YES List _____

Time Lahey Services called _____ **Who responded from Lahey** _____

Was Lahey Services able to place? NO YES _____

If NO, who contacted _____

Participant turning over drugs ? YES NO description: _____

Participant turning over works ? YES NO description: _____

Participant Assigned "ANGEL" YES NO Name of ANGEL _____

Participant transported to AGH YES NO If yes, by whom? _____

When was the last time the Participant used any opiate? _____

What opiate did they use? _____

How old was the Participant when they first used drugs? _____

How old was the Participant when they first used opiates? _____

Does the Participant currently use heroin? NO YES, inject YES, snort

Does the Participant currently use prescription opiates? NO YES

How many times has the Participant been to detox? _____

Except for detox, has the Participant ever received addiction treatment in the past (before this time)? NO YES

If yes, what types of treatment have you received?

Methadone **Behavioral** **Other**

Suboxone **Detox only**

Did the Participant have a source of care or recovery support after treatment?

NO YES

Has the Participant ever been involved with a self-help program (NA, other)?

NO YES



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***Did the Participant ever try to get addiction treatment and was unable to get in?
NO YES***

How did the Participant hear about the Gloucester program?

Why did the Participant decide to come for this service now?

May we contact the Participant again to learn more about his/her experience with this program?

YES NO

Please list any other relevant comments or issues:

Officer: _____ Supervisor: _____