

**WOODSTOCK, NEW YORK**

76 Tinker Street • Woodstock NY 12498

*Chief of Police: Clayton Keefe*



*Colony of the Arts*

**POLICE DEPARTMENT**

Phone: 845-679-2422 • Fax: 845-679-2009

*Dispatch Supervisor: Laurie Hamilton*

**Woodstock Outreach Initiative Program**

**ANGEL COPY INTAKE FORM**

[NOTE: The Angel shall ask the following questions. The participant is not required to answer them.]

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Angel's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender of participant: \_\_\_\_\_

Should the Angel contact anyone? Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does participant have health Insurance?

None  Medicare  Medicaid  Private Insurance  Other

Insurance carrier? \_\_\_\_\_ Type of coverage? \_\_\_\_\_

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

If YES, who or where? \_\_\_\_\_

Did the participant have a source of care or recovery support after treatment? NO YES

If YES, where? \_\_\_\_\_

Has the participant ever been involved with a self-help program (Narcotics Anonymous, other)?

NO YES If Yes, where? \_\_\_\_\_

What may prevent the participant from going into treatment?  Pets  Bills  Family  Housing

Dependents/Kids  Working mom  Caregiver  Other [Explain]

What help, if any, would the participant need to help them get clean?

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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

Does participant know anyone who has gone through the Woodstock Outreach Initiative Program? NO YES If YES, who? \_\_\_\_\_

[NOTE: The participant may be required to answer the following questions if interviewed by a treatment facility.]

When was the last time the participant used any drugs? \_\_\_\_\_

What drugs 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

Does the participant inject? NO YES

Does the participant snort? NO YES

Does the participant currently use prescription opiates? NO YES

How many times has the participant been to detox? \_\_\_\_\_ time(s).

Except for detox, has the participant ever received addiction treatment in the past? NO YES

If yes, what types of treatment have you received?

Methadone  Behavioral  Other  Out Patient  
 Suboxone  Detox only  Long Term

Did the participant ever try to enter addiction treatment but was unable to get in? NO YES

Can participant explain why?

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This space for any other relevant comments or issues:

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Name and Signature of Volunteer Angel

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Date

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Name and Signature of Police Personnel

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Date