

# Scarborough Police Department Operation HOPE Intake Form



*In Partnership with*



# PRCC

Portland Recovery Community Center



## Scarborough Police Department Operation HOPE Intake Form

### INTAKE INFORMATION

Date:		Time:	
Officer:		Supervisor:	
Report Number:			

### ADVISORY TO PROGRAM PARTICIPANT CONCERNING PURPOSE OF DISCLOSURES

The below information is solicited to assist Scarborough Police Department Operation HOPE and your assigned "Angel" in seeking treatment options for you and to pursue a possible facility placement. Your cooperation concerning this matter is vital to this process. Your failure to disclose requested information may result in the inability to effectively identify treatment options and/or facility placement.

### PARTICIPANT INFORMATION

Name:				
Date of Birth:		SSN:		
Address:				
City:		State:		Zip Code:
Phone Number:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
PHOTO ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	State and Type ID:		

**PARTICIPANT CONTACT**

Name of Person Who Can Contact Participant:			
Phone Number:		Relationship:	

**PARTICIPANT RELATIONSHIP STATUS**

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

**PARTICIPANT EDUCATION STATUS**

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

**PARTICIPANT RECENT EMPLOYMENT STATUS**

Has the Participant had a paying job within the past 30 days?

NO	<input type="checkbox"/>	
YES (part-time)	<input type="checkbox"/>	Type:
YES (full-time)	<input type="checkbox"/>	Type:

**PARTICIPANT INSURANCE/MEDICAL INFORMATION**

Does Participant have health Insurance or coverage? NO  YES

If yes, which of the following?

Medicare  Other

Medicaid  Private Insurance

Type of Coverage (if applicable): HMO  PPO

Insurance Carrier: \_\_\_\_\_

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

Doctor and/or Facility Name: \_\_\_\_\_

Does the participant have an open case with DHHS? NO  YES

### **CRIMINAL HISTORY AND RECORDS**

Is the participant currently on probation? NO  YES

If "yes", who is the probation officer? \_\_\_\_\_

Is the participant currently in the Maine Pretrial program? NO  YES

Is the participant currently in the Maine Drug Court program? NO  YES

Does the participant currently have an open DHHS case? NO  YES

Based upon criminal records checks, is the subject eligible for program participation? (i.e. no warrants; no disqualifying conviction history, no known risk of harm) NO  YES

### **PERSONAL HISTORY INFORMATION**

**NOTE TO PARTICIPANT:** The below information is being solicited to assist in the identification of appropriate treatment options. Information reported below will be subject to medical verification. Failure to provide accurate and truthful information may result in an inability to effectively identify treatment options and/or facility placement.

Does Participant know anyone who has gone through the Operation HOPE program? NO  YES

Has the Participant been arrested for drugs? NO  YES

If yes, about how many times? \_\_\_\_\_

What drugs are the participant currently using? \_\_\_\_\_

How much and how frequently is the participant currently using drugs?  
\_\_\_\_\_

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 abuse or illegally 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 (Narcotics Anonymous, other)? NO  YES

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

Has the participant previously served in the US military? NO  YES

How did the Participant hear about Operation HOPE?

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

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May we contact the Participant again to learn more about his/her experience with this program? NO  YES

**ANGEL ASSIGNMENT**

Participant Assigned "ANGEL(S)"? NO  YES

First Name(s) and Angel Number of "ANGEL(S)" \_\_\_\_\_  
\_\_\_\_\_

Please list any other relevant comments or issues:

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Officer: \_\_\_\_\_

Supervisor: \_\_\_\_\_