



Broome County District Attorney's Office Operation SAFE - Intake and Authorization Form

PARTICIPANT AUTHORIZATION

I want to participate in Operation SAFE and I want the Broome County District Attorney's Office, and their agents, representatives and volunteers, to help me get drug and/or alcohol treatment, and, I give permission for them to discuss my personal medical information, mental health information, and drug history as needed to help me get into treatment.

I will not be criminally charged for any drugs or drug paraphernalia which I currently have on my person or in my property. I give permission for District Attorney Investigators to search me and my personal belongings that I have with me.

I give permission for the District Attorney's Office to obtain my DCJS criminal history report.

I am free to leave and stop my participation in the program at any time without punishment.

_____ Date: _____
Participant Signature Witness (must read above)

PARTICIPANT INFORMATION

Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: () - _____	D.O.B: ____ / ____ / ____	Age: _____	SSN: _____
Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	ID Type: _____	ID No.: _____	
Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier: _____	Ins. No.: _____	
Drug(s) of Choice? _____		Last Use? _____	
Mental Health Diagnosis? _____			
Mental Health Provider? _____			
Emergency Contact Person: _____		Phone: _____	

Participant is Eligible Not Eligible Inv.: _____