



SAFE PASSAGE INITIATIVE

POLICE GIVING ADDICTS HOPE THROUGH THE TOOLS FOR RECOVERY

Program Participant Intake Form

Safe Passage ID#: _____

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

Address _____ City _____ State _____ Zip _____

Phone # _____ DOB: _____ Photo ID? YES NO

Sex of Participant: Male Female SSN _____

Emergency Contact _____ Relationship _____ # _____

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 full-time (type of job) _____

Does Participant have health Insurance?

- None Medicare Other Medicaid Private Insurance

Insurance carrier? _____ ID# _____ Grp# _____

Copy of Card

Does Participant have doctor or regular place where they get medical care? NO YES, Name: _____

Does Participant know anyone who has gone thru Safe Passage Initiative? _____

Has Participant been in the Safe Passage Initiative before? NO YES, when? _____

Warrant check completed? YES NO List any warrants: _____

Search completed? YES NO List any items: _____

Has the Participant been arrested for drugs? YES NO If yes, about how many times? _____

CQH check completed? YES NO History of violence? YES NO



Dixon Police Department / Lee County Sheriffs Department





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Any concerns by the officer or the supervisor of a reasonable belief that the GUIDE could be seriously harmed by the participant? YES NO

Does CQH 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? YES NO

If Yes, List: _____

Sinnissippi Evaluation? YES NO If yes, Sinnissippi Worker: _____

Participant turning over drugs? NO YES Description: _____

Participant turning over paraphernalia? NO YES Description: _____

Participant Assigned "GUIDE"? NO YES Name of GUIDE: _____

Participant transported to _____ by whom? _____

Treatment type? Admitted? YES NO
 Detox In-Patient Out-Patient

DAST Score: _____

When was the last time the Participant used any opiate? Date: _____ Time: _____

What opiate did the Participant use? _____

How old was the Participant when he/she first used drugs? _____ Kind? _____

How old was the Participant when he/she first used opiates? _____

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

How long has he/she been using? _____ How often? _____ How much? _____

Does the Participant currently use prescription opiates? YES NO Is the Participant a smoker? YES NO

List any prescription medications currently taking: _____

Does the Participant have any medical issues? (like diabetes, heart disease, etc) _____

Has the Participant been diagnosed with a mental health disorder? NO YES, _____



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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)? YES NO

If yes, what types of treatment did the Participant received?

Mental Health In-Patient Out-Patient Recovery Group Detox only Other _____

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

Has the Participant ever been involved with a self-help program (NA, other)? YES NO

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

How did the Participant hear about the Safe Passage Initiative? _____

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: _____



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