**Voluntary Drug Intervention Program**

**Participant Intake Form – Page 1 of 4**

**Photo ID: \_\_\_Yes \_\_\_No CH check complete? \_\_\_Yes \_\_\_No**

**Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_\_\_\_:\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_**

**Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_\_\_ Male \_\_\_\_Female**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person for Participant: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_**

**Relationship Status:**

**\_\_ Legally Married \_\_Single, Never Married \_\_Committed Relationship (Living Together\_\_)**

**\_\_ Separated \_\_Widowed \_\_ Divorced**

**Level of Education:**

**\_\_High School Graduate/GED \_\_Some High School**

**\_\_College Graduate \_\_Some College**

**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 \_\_\_Medicaid \_\_\_Private Insurance \_\_\_Other**

**INSURANCE CARRIER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does Participant have doctor or regular place where they get medical care? \_\_\_Yes \_\_\_ No**

**Voluntary Drug Intervention Program**

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**Warrant Check Completed: \_\_\_Yes \_\_\_No**

**List any Warrants:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last time Participant used any opiates? \_\_\_\_\_\_\_\_\_\_\_\_\_What opiate did they use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How old was the Participant when they first used? Drugs? \_\_\_\_\_\_\_\_\_\_\_\_ Opiates? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the Participant currently use Heroin? \_\_\_No \_\_\_Yes, inject. \_\_\_Yes, snort.**

**Does the Participant currently take prescription opiates? \_\_\_Yes \_\_\_ No**

**Time Services called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who responded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were they able to place? \_\_\_Yes \_\_\_ No, who contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Transported? \_\_\_Yes \_\_\_No, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the Participant ever received addiction treatment (before this time)? \_\_\_No \_\_\_Yes**

**If yes, what type of treatment have you received?**

**\_\_\_ Methadone \_\_\_ Behavioral \_\_\_ Other**

**\_\_\_ Suboxone \_\_\_ Detox Only**

**Voluntary Drug Intervention Program**

**Participant Intake Form – Page 3 of 4**

**Does 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, AA, other)? \_\_\_ Yes \_\_\_ No**

**How did the Participant hear about the Illyria’s Voluntary Drug Intervention Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Does Participant know anyone who has gone thru this program? \_\_\_No \_\_\_ Yes**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voluntary Drug Intervention Program**

**Participant Intake Form – Agreement – Page 4 of 4**

**This is to certify that I, (Participants Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow an Elyria Police Officer to accompany me during my intake.**

**I further understand that at any time I no longer feel comfortable with the Officer, I can request a new Officer (if available).**

**I also agree to be contacted in the future by the Elyria Police Department to learn about my experience in the program. I understand that the information I provide may be used by the Elyria Police Department to help improve the program. My name will not be used.**

**I also agree to allow any and all treatment centers to update the Elyria Police Department on the status of my treatment and/or any other issues deemed relevant. This is done purely for statistic reasons and will be used for follow up on the program. These updates will be secure and strictly confidential.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_**

**Signature of Participant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_**

**Signature of Witness Date**