

Ipswich Police Department Operation HOPE Intake Form “B”



In Partnership with





Ipswich 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 Ipswich 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: | | | | | |
| 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 & Type ID: _____ | | Age: _____ | |

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: _____

PERSONAL HISTORY INFORMATION

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

What drugs is 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 the Ipswich Police Operation HOPE program?

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? NO YES

ANGEL ASSIGNMENT

Participant Assigned "ANGEL(S)"? NO YES

Name(s) of "ANGEL(S)" _____

Please list any other relevant comments or issues:

Officer: _____

Supervisor: _____