

Clean Acres Recovery Housing

Interview Information Form

Date & Time: _____

Name: _____

Homeless: Yes/No

Phone #: _____

Last Address > 6mos: _____ State: _____ County: _____ Length of Stay: _____

Age: _____ Sex: _____ DOB: _____ Soc. Sec. #: _____ Race: _____

Referral Name: _____ Referral Contact #: _____

Emergency Contact & #: _____

Significant Others & Last Contact: _____

Married: Yes/No # of X's: ____ Years: ____ Year Divorced: ____ In Relationship: Yes/No Name: _____

Children #: _____ Names, Age, Sex & Last Contact Date: _____

Children's Residence: _____ Child Support: Yes/No Amount: _____

Work Experience: _____

How long did you work there: _____

HS Diploma: Yes/No

GED: Yes/No

College: Yes/No

Years: _____

College Degree: Yes/No

Veteran: Yes/No

Insurance/Medicaid: Yes/No

Car: Yes/No

Driver License: Yes/No

Car Insurance: Yes/No

DUI # & Year: _____

Felonies: Yes/No #: _____

Incarcerations # (Length & Where): _____

Types of Charges: _____

Have you been a victim of Domestic Violence? Yes/No # of times: _____ Year(s): _____

Sex Charges: Yes/No

Registered Offender: Yes/No

Charges Pending: _____

Warrants: _____

Parole/Probation: Yes/No County: _____ P.O. Name & #: _____

*What needs to be done to get it cleared? _____

*If on probation a release of information is needed.

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Drug of Choice: _____ Date of Last Use: _____

How old were you when you first started using? _____

Drug Use: Alcohol ____ Marijuana ____ Ecstasy ____ Pills: Up ____ Down ____ Benzos ____

Cocaine ____ Crack ____ Meth ____ Narcotics ____ Inhalants ____ IV Drug Use ____

HIV Test/Date: _____ Hep C Test/Date: _____

Family Addiction History: _____

Relationship: _____

Treatment History (When, Where, Length of Stay): _____

Did you complete treatment? Yes/No

AA/NA History: _____

Sponsor: _____ Last Meeting: _____

Mental Health Diagnosis: _____ Therapist: _____ Phone #: _____

Have you seen a Health Professional in the last two years for any reasons? Yes/No

Date: _____

Are you willing to sign a release of information for any health visits in the last two years? Yes/No

Other Health Issues: _____

Medications	Purpose	Dosage	x/day	Refills	Expires
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Clean Acres Entry Date: _____

Follow up Notes: _____

Concerns: _____

Financial Support: _____

Cell Phone #: _____

Laptop/iPad: Yes/No

Credit/Bankcards/Accounts: _____

What is different this time? _____

Staff Completing Form: _____