Submit Email Form

PARTICIPANT INTAKE INFORMATION

Date:_____ **Driver's License #**_____

Participant's Name:_____

Participant's Address:_____Phone: _____

City:_____ State:_____ Zip:_____Email:_____

Marital Status:☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐

Date of Birth: Age:☐ Sex: Male ☐ Female ☐ Transgender ☐ Other ☐

Spouse's Name (if applicable): _____

Emergency Contact Person (if different from spouse above):_____

Address:_____ Phone:_____

Number of Children:_____ Child's Name (S):_____Age:_____

_____ Age:_____

_____ Age:_____

LIVING ARRANGEMENT (Please check all that apply):

Alone☐ Roommates (s)☐ Spouse Only☐ Children Only☐ Relatives☐

Immediate Family☐ Intimate Other☐ Bed & Care Facility☐ No stability☐

TYPE OF RESIDENCE:

Room☐ Apartment☐ Home☐ Trailer☐ Homeless☐

Do You? Own☐ Rent☐

EDUCATION

Years of Education:_____ Did you graduate from High School? Yes☐ No ☐

Please indicate highest grade completed:

Grade School	4☐ 5☐ 6☐ 7 ☐ 8☐
High School	9☐ 10☐ 11☐ 12☐
University	1☐ 2☐ 3☐ 4☐
Graduate Studies	1☐ 2☐ 3☐ 4☐ 5☐

EMPLOYMENT:

Present Occupation:_____

Employer:_____ Years there?_____ Months_____

Address:_____City:_____State:___Zip:_____

Please describe what you do: _____

_____

Do you like what you do? Yes☐ No☐

Does your job satisfy you? Yes☐ No☐ If not why?_____

_____

What work do you like best?_____

What work do you dislike most?_____

Do you think you could handle a job more difficult than the ones you've had? Yes☐ No☐

Spouse's Employer:_____

Address:_____City:_____State:_____Zip:_____

ARREST INFORMATION:

Date of Arrest:_____Date of Conviction: _____

Dates of DMV suspension: From_____To_____Did you appeal? Yes☐ No☐

Court:_____ Court Case Number: _____

Address:_____Judge's Name:_____

City:_____State:_____Zip: _____

Arresting Agency/Department: _____

What reason the police officer gave for stopping you in the first Place? _____

_____

Are you on Probation? Yes☐ No☐ 3 years?☐ 5 years? ☐

Are you on a testing order? Yes☐ No☐ Were you tested at the time of arrest? _____

What type of test did you elect? Breath☐ Blood☐ Urine☐

What was your BAC at arrest?_____ Why did you elect this test? _____

_____

MEDICAL HISTORY:

Would you consider your health to be: Good☐ Fair☐ Poor☐

Do you have a medical condition, which could affect your ability to complete this program? Is so, please explain:

_____

_____

Are you presently taking any prescribed medications and/or drugs? If so, please list them below with dosage amounts and times taking it/them: _____

_____ _____

_____ _____

ALCOHOL USAGE/HISTORY:

When you use alcohol, please describe the pattern of usage and consumption quantity:

One to three time times per week?☐ Before work?☐ After Work?☐

During Work?☐

Daily Usage?☐ Working around the house?☐ Watching Television? ☐

While Alone?☐ Weekends Alone?☐ With friends/only social?☐

Attending Sports?☐

Other? (please explain): _____

Have you ever suffered withdrawal symptoms as a result of not drinking? Yes☐ No☐

If so, why did you try to go without drinking on the particular occasion?_____

DRUG USE/HISTORY: Abstinent?☐ Occasional?☐ Daily?☐

Social?☐

Days of use in the last 30 days?_____ Numbers of days since last use?_____

Have you ever been arrested in the past 6 months (besides in this present arrest) for:

Another DUI?☐ Possessions for sales?☐ Cultivation?☐ Other?☐ Days in Jail for

drug-related arrests (if applicable)? _____

Have you ever suffered withdrawal symptoms when not using drugs? Yes☐ No☐

SOCIAL HABITS:

Do you make friends easily? Yes☐ No☐ What are your hobbies?_____

_____

How do you spend your free time? _____

What do you wish you had more time for? _____

Please describe the type of person you think you are?_____

_____

What kind of person do others think you are? _____

REQUIRED DEMOGRAPHIC INFORMATION: (circle all that apply)

Ethnicity:

African-American ☐	Indian (Asian) ☐	Other Asian Group ☐
Cambodian ☐	Japanese ☐	Other Hispanic/Latino ☐
Caucasian ☐	Korean ☐	Other(undeclared) ☐
Chinese ☐	Laotian ☐	Filipino ☐
Cuban ☐	Mexican/Mexican-American ☐	Puerto Rican ☐
Guamanian ☐	Native Alaskan ☐	Samoan ☐
Hawaiian ☐	Native American ☐	Vietnamese ☐

Your age by category: ☐ 15-18 ☐ 19-20 ☐ 21-24
☐ 25-44 ☐ 45-64 ☐ 65+

Your Primary Language: English ☐ Spanish ☐ Other ☐

Are you monolingual in your primary language stated above? Yes ☐ No ☐

Your approximate annual salary: (circle your answer)

0-$10,000	$50,001-$65,000
$10,001-$25,000	$65,001-$80,000
$25,001-$35,000	$80,001-$100,000
$35,001-$50,000	$100,000 and above

Are you presently unemployed? Yes ☐ No ☐

Are you receiving Unemployment benefits? Yes ☐ No ☐

Are you a member of a union and receive strike benefits? Yes ☐ No ☐

Are you retired? Yes ☐ No ☐ Amount Monthly _____

Are you receiving any social subsistence? ☐ AFDC Amount: _____
☐ SSI/SSD Amount: _____
☐ Other Amount: _____

SIMPLE ASSESSMENT TOOL FOR AOD ABUSE

Name:_____ **Date:**_____

DIRECTIONS: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept confidential. Mark the response that best fits you. Answer the question in terms of your experiences **in the past 6 months**.

During the past 6 months...

1. Have you used alcohol or other drugs, such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants **in the past 6 months**?

☐ Yes ☐ No

2. Have you felt that you use too much alcohol or other drugs **in the past 6 months**?

☐ Yes ☐ No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs **in the past 6 months**?

☐ Yes ☐ No

4. Have you gone to anyone for help because of your drinking or drug use, such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program **in the past 6 months**?

☐ Yes ☐ No

5. Have you had any health problems **in the past 6 months**?

☐ Had blackouts or other periods of memory loss?
☐ Injured your head after drinking or using drugs?
☐ Had convulsions, delirium tremens ("DTs")?
☐ Had hepatitis or other liver problems?
☐ Felt sick, shaky, or depressed when you stopped?
☐ Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
Been injured after drinking or using?
☐ Used needles to shoot drugs?
☐ Experienced hallucinations?
If so, before drug use ☐? After drug use ☐?

6. Has drinking or other drug use caused problems between you and your family or friends **in the past 6 months?**

☐ Yes ☐ No

7. Has your drinking or other drug use caused problems at school or work **in the past 6 months**?

☐ Yes ☐ No

SIMPLE ASSESSMENT TOOL FOR AOD ABUSE, PAGE 2

8. Other than this present DUl, have you been arrested or had other legal problems, such as bouncing bad checks, driving while intoxicated, theft, or drug possession **in the past 6 months**?

☐ Yes ☐ No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs **in the past 6 months**?

☐ Yes ☐ No

10. Are you needing to drink or use drugs more and more to get the effect you want **in the past 6 months**?

☐ Yes ☐ No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs **in the past 6 months**?

☐ Yes ☐ No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break the rules, break the law, sell things that are important to you, or have unprotected sex with someone **in the past 6 months**?

☐ Yes ☐ No

13. Do you feel bad or guilty about your drinking or drug use **in the past 6 months**?

☐ Yes ☐ No

The next questions are about your Lifetime experiences.

14. Have you ever had drinking or other drug problems in your lifetime?

☐ Yes ☐ No

15. Have any of your family members ever had a drinking or drug problem in your lifetime?

☐ Yes ☐ No

16. Do you feel that you have a drinking or drug problem now in your lifetime?

☐ Yes ☐ No

Participant's Signature:_____ Date Discussed:_____

Scoring for the AOD Abuse Assessment Tool

For Counselor Use Only

Participant's Name:_____ **Date assessment was conducted:** _____

Items 1 and 15 are not scored. **The following items are scored as 1 (yes) or 0 (no):**

_____ **2**	_____ **6**	_____ **10**	_____ **14**
_____ **3**	_____ **7**	_____ **11**	_____ **16**
_____ **4**	_____ **8**	_____ **12**	
_____ **5**	_____ **9**	_____ **13**	

Total Score: _____ Score Range:0-14

Score **Degree of risk for AOD Abuse**

0-1..... None to Low

2-3..... Minimal

4+ .....Moderate to high: Possible need for further assessment

Results of Assessment: _____

Were the results of the assessment discussed with the participant? Yes ☐ No ☐

Counselor's Signature:_____ Date Discussed: _____

Participant's Signature:_____ Date Discussed: _____

COMMENTS:

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RECORDS

I,_____, hereby authorize Dalton & Associates to disclose information and records pertaining to my participation in the program to the following:

* The Department of Motor Vehicles.
* The Department of Healthcare Services.
* The County Offices of Alcohol and Drug Abuse Services.
* The appropriate branches of the Judicial System.
* My personal attorney.
* My personal physician.

The disclosure of information and/or records herein authorized is required for the purpose of establishing or determining my status, progress, and/or compliance with the terms and conditions of my participation in the program. Such disclosure shall be limited to information and/or records in regard to my progress and participation in the program.

I understand that this authorization can be revoked by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, it shall terminate ninety (90) days after my participation in the program has ended. I also understand that despite the codes (California Civil Codes 56.11 and 56.15, and Federal Regulation CFR Section 2.31), confidential information and/or records may be disclosed without my authorization pursuant to state and federal law in the following circumstances:

* Pursuant to a proper subpoena or court order.
* Reporting child abuse or elder abuse.
* Reporting an individual who is a danger to him/herself or a third party.
* Reporting the intent to commit a crime on program premises or against program staff.

A photocopy, facsimile or duplicate copy of this authorization shall be as valid as the original.

Signature of participant	Date

I, _____, also hereby authorize Dalton & Associates , to disclose information to my designated representative:

Name_____ Relationship_____ Phone_____

Such information shall be limited to information relating to payment, scheduling and in the case of emergencies, for the purpose of facilitating treatment. This authorization is guided by the same California Codes and Federal Regulations stated above will terminate at the same time.

Signature of Participant	Date
Signature of Witness	Date