

INTAKE ASSESSMENT FORM

"" indicates required fields*

Personal Information

Potential Resident Name*

First

Last

Birth Date*

Current Address*

Street Address

Address Line Two

City

State

ZIP Code

Phone Number*

Contact Name *(If different than applicant)*

First

Last

Emergency Contact & Release of Information (Full name, address, phone and relationship)*

I understand that the person listed above will be given any information deemed appropriate by management, in the event that it is necessary to communicate with them during my stay in this facility*

Sign Here

Current Treatment Information

Current Treatment Center or Correctional Facility

Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Phone Number*

Primary Counselor*

Counselor Contact Number*

Tentative Discharge Date*

Past Treatment Programs*

Substance(s) Used in Past*

Drug(s) of Choice*

Clean Date*

Income and Legal Information

Current Source of Income*

Weekly \$*

Pending Legal Matters (please explain)*

Past Legal Matters (please explain)*

Are you required to register as a sex offender?*

Yes

No

Do you have any mental health diagnoses?*

Yes

No

Do you have any physical limitations?*

Yes

No

Medical Information

Current Medication and Dosages

Miscellaneous

How did you hear about us?*

Applicant Name

First

Last

Applicant Signature

Today's Date



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