



Intake Application

P.O. Box 522442, Longwood, FL 32752

Failure to disclose or any false information given may result in immediate termination from the program.

- Name _____ Questionnaire Date _____
- DOB _____ Height _____ Weight _____ Drug of Choice _____
- Referred by? _____ (i.e., Detox, Agency, Friend, etc.)
- If referred by agency, how long there? _____ Reason for admission? _____
- If referred by agency, discharge date? _____ Contact person _____
- Telephone # applicant can be reached? _____ Notes? _____
- Have you attempted suicide? Yes No Date(s)? _____ How? _____
- Do you currently take prescription medications? Yes No Are you supposed to be? Yes No
- List prescription medications _____
- You must have a ninety-day supply of medication prior to entering the program. If **not** you must have refills Available and **resources available** to fill them for ninety days. Is medication a problem? Yes No
- If yes, explain _____
- **Any** physical conditions or health problems that would hinder you to perform physical labor? Yes No
- If yes, explain _____
- **Any** dental issues needing attention next ninety days? Yes No If yes. explain _____
- **Any** legal issues / court appointments next ninety days? Yes No When/Where _____
- **Any** past or pending sexual / violent offenses? Yes No If yes, explain _____
- Probation? Yes No County? _____ Officer's Name _____
- If yes, explain _____
- Valid DL - Yes No ID - Yes No SS Card - Yes No Military - Yes No _____
- Have you been in prior treatment? Yes No Dates / Where _____
- Do you have any appointments / commitments in the next ninety days? Yes No
- If yes, explain _____
- Receive any income? (SSI, Pension, etc.) Yes No Explain _____ \$ _____
- Brief description of last 90 days activities _____
- Past work history? _____

For office use only

- Intake Taken By _____ Date _____ Approved Yes No
- If No, reason given _____ Served in military Yes No
- Intake Notes _____