

## Recovery & Prevention Resources Admission/Intake Form

				<b>Date</b>
<b>Client's Full Name</b>		_____		
(Last)		(First)		(Middle Initial)
<b>Date of Birth</b>	Month _____	Day _____	Year _____	<b>Social Security Number</b> _____ - _____ - _____
				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Phone</b>	<b>Work Phone</b>		<b>Ext</b>	
(Circle One) Home Cell Other				
<b>Address</b> _____				
<b>City</b> _____		<b>State</b> _____	<b>Zip</b> _____	<b>County</b> _____

<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/Living as Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other	<b>Race</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	<b>Referral Source</b> <input type="checkbox"/> Individual (Self, Family, Friend) <input type="checkbox"/> Alcohol/Other Drug Abuse Care Provider <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Dual Provider <input type="checkbox"/> Other Healthcare Provider <input type="checkbox"/> School (Student) <input type="checkbox"/> EAP (Employer) <input type="checkbox"/> County Human Services <input type="checkbox"/> Other Community Referral <input type="checkbox"/> State/Federal Court <input type="checkbox"/> Municipal Court <input type="checkbox"/> Common Pleas Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Prison <input type="checkbox"/> Other Criminal Justice (Delaware County Jail)
<b>Education Level</b> <input type="checkbox"/> Grade 0 - 11: Furthest Grade Completed _____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Some College <input type="checkbox"/> 2 year College/Associates Degree <input type="checkbox"/> 4 year College/Undergraduate Degree <input type="checkbox"/> Graduate Courses <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post-Graduate Studies	<b>Ethnicity</b> (check all that apply) <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Not Hispanic or Latino	

<b>Emergency Contact Name</b>				_____
(Last)		(First)		(Middle Initial)
<b>Phone</b>	<b>Work Phone</b>		<b>Ext</b>	
(Circle One) Home Cell Other				
<b>Relationship to Client</b> _____				

<b>ADDITIONAL CONTACT INFORMATION</b>				
<b>Billing Address</b> _____				
(if different from above)				
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Alternate Phone</b>	
_____	_____	_____	_____	
<b>May contact at:</b>	<b>May leave a message at:</b>			
<input type="checkbox"/> Primary Address	<input type="checkbox"/> Home			
<input type="checkbox"/> Billing Address	<input type="checkbox"/> Work			
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Other			
<input type="checkbox"/> Cell Phone	Please specify: _____			
<input type="checkbox"/> Work Phone				
<input type="checkbox"/> Other Phone				

FOR RPR STAFF USE:	
<b>MACSIS Enrollment Completed</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>MACSIS Authorization Date</b> _____	<input type="checkbox"/> Notice of Enrollment form (disclosure) given <input type="checkbox"/> Notice of Enrollment form (disclosure) signed by staff <input type="checkbox"/> AOD release of information signed (AOD only) <input type="checkbox"/> Consent for treatment signed <input type="checkbox"/> Client refused to sign consent for treatment (MH only) <input type="checkbox"/> In crisis at enrollment