

INTAKE INQUIRY

Date: _____

Phone: _____

Name: _____

Married/Single _____

DOB: _____

Age: _____

Child Support: _____

Charges/Court Dates: _____

Probation/Parole: _____

County: _____

Violent/Sexual Crimes: _____

Previous Treatment: _____

Drug of Choice: _____

Last Usage; _____

Last Marijuana Use: _____

Work Exp. _____

ID / SS / Birth Certificate

BIP Class Required? _____

Best # to reach you at this time? _____

Food Stamp Amt;

Refill Date: _____

Medications: _____

Penmac or other Temp

Agencies? _____

Deposit Amount : _____

Public Defender and Contact #: _____

***** *Are you truly ready to commit to FOF for a minimum of 12 months?*