

CONFIDENTIAL PERSONAL DATA

This form is to be filled out completely with a check mark in a box or by filling in the space provided.



TODAY'S DATE

MM/DD/YY

NAME First MI Last

ADDRESS Apt # City State Zip

County: Yrs at Address: TELEPHONE Home Work Cell

Date of Birth: Age: Birth Place: U.S. Citizen? Yes No

Race/Ethnic Origin: Asian, Hispanic White, American Indian, More than one race, Black, Hispanic Black, Alaskan Native, Unknown, White, Hispanic Other Race, Native Hawaiian/ Pacific Islander, Other

Primary Language Gender M F Pregnant? No Don't know Yes (# Months:)

SS # -- -- DL/ID # State Other # (TDC, TDCJ, Cause)

Veteran Status: Not a Veteran, Honorable Discharge, Active Duty, Other than Honorable Discharge, Unknown

Marital Status: Married, Never Married, Divorced, Separated, Widowed, Living w/Partner

Total number in household (including self) Total number under age 18

Approx. Household Income: Under \$5,000, \$5,001-10,000, \$10,001-25,000, \$25,001-50,000, Over \$50,000

Education (circle highest grade completed) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Currently a student? Yes No High School Diploma/GED? Yes No BA/BS or higher? Yes No

Employment: Full-time, Part-time, Temporary, Retired, Unemployed Employer Occupation

Referred by Reason for Referral

Have you ever received: Substance Abuse Treatment? Yes No Mental Health Treatment? Yes No

Do you use: Alcohol? Yes No Tobacco? Yes No Other drugs? Yes No

From the following list, select your ONE MOST PREFERRED DRUG, including alcohol and tobacco: None, Cocaine/Crack, Non-Prescription Pain Killer, Steroids, Other, Alcohol, Hallucinogenics, Multiple Drugs, Tobacco, Amphetamines, Heroin, Prescription, Tranquilizers, Barbiturates, Inhalants, Opiates, Other Sedatives & Hypnotics, Club Drugs, Marijuana/Hashish, Over-the-Counter, Other Opiates & Synthetics

Are you currently involved in the criminal justice system? Yes No Have you ever been arrested? Yes No If yes to either question, list arrest dates and charges:

Health Insurance: Medicaid, Medicare, Private: (w/sub abuse, w/o sub abuse), Champus, VA, Other, CHIP, None

The information gathered on this form is used to help us make an accurate assessment of your situation and to report demographic data to our funding sources. No identifying information from your records will be released to anyone without your express written consent. The Council on Recovery is a nonprofit organization founded in 1946. The Council's mission is to keep our community healthy, productive and safe by providing services and information to all who may be adversely affected by alcohol and drugs. The Council is an affiliate of the National Council on Alcoholism and Drug Dependence, and is funded in part by the United Way of the Texas Gulf Coast and the Texas Department of State Health Services as well as private contributions, special events and program fees. No one is denied service due to his or her financial situation. Confidentiality is observed. Complaints about this agency may be directed to Substance Abuse Compliance Group, Attn: Investigations, TDSHS, 1100 W. 49th St., Mail Code 2823, Austin, TX 78756, (800) 832-9623.