

**Hope Council on Alcohol & Other Drug Abuse, Inc.**  
**INTOXICATED DRIVER PROGRAM SOCIAL HISTORY**

**Please print clearly, and fill out completely. (All information is mandatory but confidential.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male  Female Email address: \_\_\_\_\_  N/A

Phone (Home/Cell): (\_\_\_\_) \_\_\_\_\_ Work/Message: (\_\_\_\_) \_\_\_\_\_

OK to leave messages regarding Hope Council services at this number:  NO  YES

SS# \_\_\_\_\_ Military:  NO  YES Branch: \_\_\_\_\_

**I am on supervision**  NO  YES If yes, please indicate your agent's name, address and phone: \_\_\_\_\_

If you're a female, are you pregnant at this time?  NO  YES

Do you need an interpreter?  NO  YES If YES, type of interpreter needed \_\_\_\_\_

Do you have health insurance?  NO  YES If YES, name of insurance company: \_\_\_\_\_

<p><b>Living Arrangement:</b> (Mark one of the following)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult living alone or with others without supervision (includes 18 and older living with parents)</li> </ul> <p>I live with (<b>circle all that apply</b>)          SELF, SPOUSE/SIGNIFICANT OTHER, CHILDREN, PARENTS,          GRANDPARENTS, ROOMMATE(S), OTHER</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supported or semi-supervised residence</li> <li><input type="checkbox"/> Specialized facility with on-site supervision</li> <li><input type="checkbox"/> Other institution</li> <li><input type="checkbox"/> Jail or correctional facility</li> <li><input type="checkbox"/> Child under 18 living with parents</li> <li><input type="checkbox"/> Street, shelter, no fixed address, homeless</li> </ul>	<p><b>Employment Status:</b> (Mark one of the following)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employed Full-Time</li> <li><input type="checkbox"/> Employed Part-Time</li> <li><input type="checkbox"/> Unemployed, but looking (This includes if you are currently on lay-off from a job.)</li> <li><input type="checkbox"/> Not in the labor force; <b>circle one of the following:</b> homemaker, student, retired, disabled, inmate-jail, inmate-prison, or inmate other institution</li> <li><input type="checkbox"/> Unemployed, not looking for work in the past 30 days</li> </ul>
<p><b>Education:</b> (Mark one of the following)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Highest grade completed _____</li> <li><input type="checkbox"/> High school diploma or GED</li> <li><input type="checkbox"/> Some college or vocational/technical school</li> <li><input type="checkbox"/> Bachelor's Degree</li> <li><input type="checkbox"/> Advanced Degree (Master's, Ph.D.)</li> </ul>	<p><b>Support Group Attendance:</b> (Mark one of the following)</p> <p>How many times have you attended support groups in the past 30 days?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 16 or more times in the past 30 days</li> <li><input type="checkbox"/> 8-15 times in the past 30 days</li> <li><input type="checkbox"/> 4-7 times in the past 30 days</li> <li><input type="checkbox"/> 1-3 times in the past 30 days</li> <li><input type="checkbox"/> No attendance in the past 30 days</li> </ul>

