

**Hope Council on Alcohol & Other Drug Abuse, Inc.
Community Assessment**

Social History

Today's Date: _____ Driver's Lic. #: _____

Social Security #: _____ Date of Birth: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email address: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____

Where born? City: _____ State: _____ Religion: _____

Medical Insurance Coverage: **YES** **NO**

Plan: _____ Are you under the care of a doctor? **YES** **NO**

Reason: _____

Are you on any medications? **YES** **NO** Which: _____

Family Demographics

Father: _____ Mother: _____

Age: _____ Age: _____

Occupation: _____ Occupation: _____

City/State: _____ City/State: _____

Brothers and Sisters

<u>Name</u>	<u>Age</u>	<u>City/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Household Members

<u>Name</u>	<u>Age</u>	<u>City/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital History

Spouse Name	Married (date)	Separated (date)	Divorced (date)	Widowed (date)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment Information

<i>Current or Last Employer</i>	<i>Previous Employer</i>
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Length of Employment: _____	Length of Employment: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____
Gross Income/Month: _____	Gross Income/Month: _____

Education Information

Name of most recent school attended: _____	Highest level of education completed: _____
Date last attended: _____	
Degrees: _____	Certifications: _____

Legal/Criminal Background Information

Have you ever held a valid driver's license? _____

If yes, have your driving privileges ever been:

a) Suspended? _____ Explain if yes: _____

b) Revoked? _____ Explain if yes: _____

Have you ever been arrested? **YES NO** How many times? _____

List previous arrests:

a) _____ Date: _____

b) _____ Date: _____

c) _____ Date: _____

Have you ever been on supervision or probation/parole? **YES NO**

If so, agent's name: _____

Have you ever been to jail or prison? **YES NO** How many times? _____

List previous offenses:

- a) _____ Date: _____
- b) _____ Date: _____
- c) _____ Date: _____
- d) _____ Date: _____
- e) _____ Date: _____

In your own words, indicate the reason you are having this assessment.

Previous Mental Health/Substance Use Disorder Treatment

Name of Program	Year attended	In/Out Patient	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alcohol and Other Drug Usage; please indicate both prescription and non-prescription use:

Type of Drug	I have used this drug. <i>Circle one:</i>	Age of first use	Frequency of use in past 12 months	Most recent use date	Use has caused problems in the past 12 months <i>Circle one:</i>
Tobacco/Cigarettes	YES NO				YES NO
Alcohol (beer, wine, liquor, etc.)	YES NO				YES NO
Marijuana (pot, grass, weed)	YES NO				YES NO
Inhalants (gas, glue, paint, markers, White Out, etc.)	YES NO				YES NO
Hallucinogens (LSD, PSP, MDA, MDMA, etc.)	YES NO				YES NO
Cocaine (powder or crack)	YES NO				YES NO
Barbiturates (downers)	YES NO				YES NO
Benzodiazepines/Tranquilizers (Alprazolam, Xanax, Klonopin, Valium, etc.)	YES NO				YES NO
Amphetamines (uppers)	YES NO				YES NO
Painkillers (Darvon, Percocet, Vicodan, Hydrocodone, Oxycodone, morphine, etc.)	YES NO				YES NO
Heroin	YES NO				YES NO
Non-medical use of over-the-counter medications.	YES NO				YES NO
Other:	YES NO				YES NO

All information provided is true: _____

Signature

Date