

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: _____

Male Female Maiden Name (If Applicable): _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Race: _____ Email Address: _____

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: _____

How many OWIs (DUIs) have you been arrested for? _____

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

Present Employer and Position: _____

Previous Employer (last five years): _____

List Any Prior Alcohol and Other Drug Abuse/Mental Health Treatment or Counseling:

Counselor: _____ Counselor: _____

Agency: _____ Agency: _____

When (approx): _____ When (approx): _____

Names of Parents & Siblings			Deceased
Father's Name:			
Mother's Name:			
List all Brothers and Sisters:			
Spouse/Significant Other's Name:	Married/ Together	Divorced/ Separated	Widow/Widower

Child's Name	Age	Child's Name	Age
1.		4.	
2.		5.	
3.		6.	

Please indicate your total annual household income, before taxes:

Under \$15,900 \$15,901-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999

\$50,000-\$74,999 \$75,000 or more

Are you Head of the Household? NO YES

Signature

Date