



Level Up Recovery Intake Assessment

Demographic Information:

1. Last Name: _____ MI: _____ First Name: _____

2. Address: _____
City: _____ State: _____ Zip: _____

3. Cell Number: _____ Home Number: _____

4. Social Security Number: _____

5. Date of Birth: _____ Place of Birth: _____

6. Gender: _____
Ethnicity: _____ a. Hispanic or Latino _____ b. Non-Hispanic or Non-Latino

7. Race: _____ a. White _____ b. Black/African American _____ c. Asian _____ d.
Multi-Racial (Please specify) _____

9. Applicant's primary language? _____

10. Relationship Status: _____ a. Single _____ b. Married & Separated _____ c. Domestic
Partner _____ d. Married _____ e. Widowed/Widower _____ f. Divorced _____

11. Significant Other Name: _____
Phone Number: _____

12. Are there any identified, past or current, domestic violence issues?

_____ Yes _____ No _____ Currently

a. Please describe, with dates of incidents.

13. Is applicant a Veteran, (anyone who has been on active military duty)

_____ Yes _____ No

14. Only child? _____ Yes _____ No

15. Enter sibling names and age: (Youngest to oldest)

1.
2.
3.
4.
5.

16. Is this person at risk of homelessness? Yes No

17. Please describe circumstances:

18. Length of homelessness this episode:

- a. Not homeless at present _____
- b. Less than one month _____
- c. At least 1 month but less than 6 months _____
- d. At least 6 months but less than 1 year _____
- e. At least 1 year but less than 2 years _____
- f. Two years but less than three _____
- g. Three years or more _____

Mental Health & Health History:

19. What type of services are you seeking/expecting? (Please check all that apply)

Intensive Outpatient Program Individual Counseling
Group Counseling Evaluation Assessment All

20. Does the applicant have a disability of a long duration?

Yes No Don't Know

26. Does the applicant have a history of any substance abuse disorders? _____ Yes _____ No

a. If yes, please list drug(s) of choice, frequency of use, and date of last use.

27. Does the applicant have any current or past history of substance abuse treatment? _____ Yes _____ No

a. If yes, please list the name, address and phone number of all substance abuse providers.

28. Is the applicant involved in any 12-step or other self help recovery programs? _____ Yes _____ No

a. If yes, which program(s)?

29. If an applicant is substance free, for how long has s/he been substance free?

31. Does the applicant have a history of any medical conditions? _____ Yes _____ No

a. If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

32. Is the applicant allergic to any medications? _____ Yes _____ No

a. If yes, please list medication allergies.

33. Name of Health Care Provider:

34. Describe applicant's participation in faith/spiritual activities, if any?

Employment & Income History:

35. Does the applicant have a source of income? _____ Yes _____ No

a. What is the source of income?

36. Please list any financial obligations including the amount (e.g. child support, alimony):

37. Is the applicant currently employed, either part-time or full-time? _____ Yes _____ No

a. If yes, where is the applicant employed?

b. If not, does the applicant wish to be employed, either now or in the future?

c. If yes, in what area of employment does the applicant wish to work?

Education Information:

38. Highest Level of Education Completed:

Grade School _____ High School _____ College _____ Graduate School _____

39. Is the applicant currently enrolled in an educational program, either part-time or full-time? _____ Yes _____ No

a. If yes, where is the applicant enrolled?

b. If not, does the applicant wish to be enrolled, either now or in the future?

_____ Yes _____ No

40. Does the applicant have any current legal issues? _____ Yes _____ No

a. If yes, please list a description of charges and any pending court dates.

41. Is the applicant currently on probation? _____ Yes _____ No

42. Is the applicant currently on parole? _____ Yes _____ No

a. If yes to either #40 or #41, please list name and contact information of probation/parole officers(s):

Personal and Therapeutic Goals:

- Intermediate goals:

- Long Term Goals:

- Beliefs:

- Support System:
