

ADMISSION FORM

Client Last Name: _____ First: _____ MI: _____ Maiden: _____
 Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Gender: Male Female Other Email: _____
 Home phone: _____ Work phone: _____ Cell: _____

Driver License #: _____ State issued: OR WA _____
 Highest Grade Completed in School: 8 12 some college 2 year degree BA Other
 Total Arrests in Past Two Years: _____ Total DUII Arrests in last 5 years: _____

Have you been referred to treatment to this agency before? YES NO When? _____
 Reason you were referred to this agency: SA Assessment MH Assessment DUII Diversion
 DUII Conviction Anger Management Individual Counseling Group Counseling
 Family Counseling Couples Counseling _____

Total Individual or Family Gross Monthly Income {before Taxes}: \$ _____ APROX.

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
 Home phone: _____ Work phone: _____ Cell: _____

<p>RACE / ETHNICITY</p> <p>1 - WHITE (Non Hispanic) 2 - BLACK (Non Hispanic) 3 - NATIVE AMERICAN 4 - ALASKIAN NATIVE 5 - ASIAN 6 - HISPANIC (Mexican) 7 - HISPANIC (Puerto Rican) 8 - HISPANIC (Cuban) 9 - OTHER HISPANIC 10 - SOUTHEAST ASIAN 11 - OTHER RACE 12 - NATIVE HAWAIIAN 13 - OTHER PACIFIC ISLANDER</p>	<p>HEALTH INSURANCE</p> <p>Enter a 1 next to primary source. "X" ALL THAT APPLY. MARK ONLY ONE BOX</p> <p><input type="checkbox"/> OREGON HEALTH PLAN <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> V.A. <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER PUBLIC <input type="checkbox"/> NONE</p>	<p>MARITAL STATUS</p> <p>1 - NEVER MARRIED 2 - MARRIED 3 - DIVORCED 4 - WIDOWED 5 - SEPARATED 6 - LIVING AS MARRIED</p>	<p>LIVING ARRANGEMENT</p> <p>Enter First Appropriate code</p> <p>01 - LIVES IN OWN HOME 02 - SPOUSE OR SIGNIFICANT OTHERS HOME 03 - PARENTS, RELATIVES ADULT CHILDRENS HOME 04 - FOSTER HOME 05 - INSTITUTION / GROUP HOME 06 - FRIENDS OR OTHER HOME 07 - HOMELESS / SHELTER 08 - REFUSED / UNKNOWN</p>
<p>DEPENDANTS</p> <p>ENTER THE TOTAL NUMBER OF PEOPLE <u>IN EACH AGE GROUP</u></p> <p>THAT ARE DEPENDANT UPON THE INCOME</p> <p>INCLUDE YOURSELF</p> <p>1-5 6-17 18-64 65+</p>	<p>INCOME / HEALTH INSURANCE</p> <p>Enter a "1" next to primary source MARK "X" ALL THAT APPLY</p> <p><input type="checkbox"/> WAGES / SALARY <input type="checkbox"/> DIVIDENDS / INTEREST <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION / UNEMP. / VETS <input type="checkbox"/> MEDICARE <input type="checkbox"/> ALIMONY / CHILD SUPPORT <input type="checkbox"/> S.S.I. FEDERAL <input type="checkbox"/> OTHER <input type="checkbox"/> NONE <input type="checkbox"/> O.S.I.P. STATE <input type="checkbox"/> PUBLIC ASST. / WELFARE</p>		<p>EMPLOYMENT STATUS</p> <p>1 - FULL TIME (35 HOURS OR MORE) 2 - PART TIME (17-35 HOURS) 3 - IRREGULAR (LESS THAN 17 HOURS) 4 - NOT EMPLOYED (BUT HAS SOUGHT EMPLOYMENT) 5 - NOT EMPLOYED (AND HAS NOT SOUGHT EMPLOYMENT) 6 - RETIRED</p> <p style="text-align: center;">AS OF TODAY</p>