****

**ADULT INTAKE DATA**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Safe to send mail? \_ Yes \_ No Alternate address:

**Home Phone:** (\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safe to leave message? Yes No

**Cell Phone:** (\_\_\_\_\_\_\_\_\_)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safe to leave message? Yes No

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safe to leave message? Yes No

|  |
| --- |
|  |

 Have you received services at Safe Connections before? Yes No

 Did you use another name? Yes No If so, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
|  |

 The mission of Safe Connections is to reduce the impact and incidence of relationship violence and sexual assault through education, crisis

 intervention, counseling and support services. We do not discriminate on the basis of race, color, sex, citizenship status, national origin, ancestry, gender,

 sexual orientation, gender identity, gender expression, age, religion, creed, physical or mental disability, marital status, veteran status, political

 affiliation, or any other factor protected by law.

 I request that Safe Connections consider my application for service.

 **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMATION ABOUT YOU**

The information on this page is requested so that this organization may demonstrate its compliance with the requirements of its funding agencies including the United Way. Choosing not to respond to some of the questions on this page will not affect your application for services.

**Birth Date:** \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_\_\_\_\_

**Race /Ethnic Background:**

* African American/ Black
* Asian/ South Asian
* Bi-Racial /Multi-Racial
* White
* Hispanic/Latina or Latino
* American Indian/ Alaska Native
* Middle Eastern/ Arab
* Native Hawaiian/ Pacific Islander
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation:**

* Asexual
* Bisexual
* Straight/Heterosexual
* Lesbian/Gay
* Pansexual
* Queer
* Prefer not to Disclose
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:**

* Woman/ Girl
* Trans Identified
* Man/ Boy
* Non-Binary/Genderqueer
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Ex: She/Her/Hers)

**Relationship Status: Are you currently (as of today)**

* In a relationship

Partner(s) Gender or Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_

* Married

Partner(s) Gender or Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_

* Married and Separated
* Married
* Divorce in Process
* Divorced or Annulled
* Widowed
* Not currently in a relationship
* Unsure of relationship status
* Other

**Current Employment Status:**

* Unemployed (with work history)
* Unemployed (with no work history)
* Employed

 **If employed, what is your occupation?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Grade Completed:**

* 8th Grade or less
* Some High School
* High School Graduate
* GED Diploma
* Vocational/Tech School
* Some College
* Bachelor Degree
* Some Graduate School
* Graduate Degree
* Other Post Graduate Work

**What is your current household income?**

* $0-$9,999
* $10,000-$14,999
* $15,000-$19,999
* $20,000-$29,999
* $30,000-$49,999
* $50,000-$99,999
* More than $100,000
* Unknown

 **Number in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred to Safe Connections from:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| * Friends/Family
 | * Hospital/E.R.
 |
| * Other Counseling Agency
 | * Employer
 |
| * Private Therapist
 | * EAP
 |
| * Telephone Directory
 | * Religious Community
 |
| * Schools: Project HART
 | * Safe Connections Helpline
 |
| * Schools: Colleges
 | * Other Hotline
 |
| * Schools
 | * Billboards
 |

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|

|  |  |
| --- | --- |
| * Lawyer
 | * Shelter
 |
| * Courts
 | * Substance Abuse Program
 |
| * Police
 | * Media/Public Service Announcement
 |
| * Doctor
 | * Own Previous Agency Contact
 |

 |
|

|  |  |
| --- | --- |
|  | * Other
 |

 |
|  |

**Are you mandated to receive services?** \_\_\_\_Yes\_\_\_\_ No

**If yes, by whom?**

Check one and fill in name: \_\_\_\_ Children’s Division – Case manager’s Name:

 \_\_\_\_ Probation/Parole – Officer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason mandated:

**CURRENT STRESSORS: *(Check all that apply)***

|  |  |
| --- | --- |
| * Loss/Lack of support system (family or friends)
 | * Homelessness
* Employment issues
 |
| * Current safety issues
 |  |
| * Relationship issues
 | * Legal problems
 |
| * Financial problems
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**In order to better serve you, do you have any special needs that we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any cultural considerations?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNSELING/MENTAL HEALTH HISTORY**

**Have you ever been in the care of a psychiatrist?** Yes No

 **If yes:**

Who

When

**Have you ever been hospitalized due to your mental health?** Yes No

 **If yes:**

 How many times?

Most recent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where

When

 Reason

**Do you take prescription medications (for medical and/or psychiatric reasons)?** Yes \_\_\_\_\_\_No

 **If yes:**

 Please list current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you taken these medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you take it: \_\_\_\_\_ As prescribed

 \_\_\_\_\_ Less than prescribed

 \_\_\_\_\_ More than prescribed

**Have you ever had suicidal thoughts?** Yes No

**Have you ever attempted suicide?** Yes No

 **If yes:**

 How many times?

Most recent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When

 Method

**Are you currently suicidal?** Yes No

 **If yes:**

 At what age did you first seek therapy? \_\_\_\_\_\_\_

 How many prior counselors/therapists have you seen? \_\_

Name of most recent Counselor/Therapist and Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When? How long? Years Months

What was the motivation for the **above** counseling or therapy? *(check all that apply)*

|  |  |
| --- | --- |
| \_\_\_\_\_ Domestic Violence | \_\_\_\_\_ Sexual Abuse |
| \_\_\_\_\_ Economic Problems | \_\_\_\_\_ Emotional Abuse |
| \_\_\_\_\_ Family Problems | \_\_\_\_\_ Substance Abuse |
| \_\_\_\_\_ Required by Probation /Parole | \_\_\_\_\_ Legal Problems |
| \_\_\_\_\_ Relationship Issues | \_\_\_\_\_ Psychological Problems |
| \_\_\_\_\_ Personal Growth | \_\_\_\_\_ Other personal difficulties |

 \_\_\_\_\_ Sexual/Gender Identity

What kind of counseling /therapy services did you receive? *(check all that apply)*

|  |  |
| --- | --- |
| \_\_\_\_\_ Individual Counseling /Therapy | \_\_\_\_\_ Peer Support Group |
| \_\_\_\_\_ Couples Counseling | \_\_\_\_\_ Family Counseling |

 **If yes:**

 Do you have a plan? Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have the means available?

Is there anyone you could turn to for support? \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever received any kind of counseling/therapy?** \_\_\_\_ Yes No

**Have you *abused* alcohol and/or drugs in the past?** \_\_\_ Yes \_\_\_\_\_ \_No

 **If yes:**

What have you used?

 Within the ***past 2 weeks,*** have you ***used*** any alcohol and/or drugs? Yes No

If yes, what have you used?

 Have you ever been in a detox or rehab program? Yes No

 If yes, number of times:

 Name of program/center:

Do you drink/use drugs to be accepted by partner? Yes \_\_\_ No

Do you drink/use drugs to relieve stress at home? Yes \_\_\_\_\_\_No