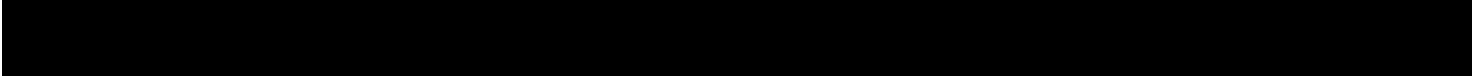


First Name	Middle Name	Last Name

Preferred Name – provide your preferred name and any other names you go by including maiden/married names and nicknames

Date of Birth	Social Security # (optional)

Home address/APT Number		
City	State	Zip Code
Best phone contact number	Is this a: Home #? Business# ? Cell #?	Okay to leave message? Yes No
Preferred e-mail address:		



What is your gender (circle):	Female	Male	Prefer not to answer
What is your gender identity ? (circle below)			
Female	Male	Female-to-Male (FTM)/ Transgender Male	Male-to-Female MTF)/Transgender Female
Additional Gender Category/ Other		Prefer not to answer	Gender non-conforming
What race do you identify as?(circle below)			
African American/Black		Alaska Native	
Hawaiian/Pacific Islander		Multi: African/Black/White	
Multirace: Other		Native American	
Asian		Caucasian/White	
Multi: Asian/White		Multi: Native American/Black	
Prefer not to answer		Other	
Select Hispanic ethnic origin (circle below)			
Cuban	Mexican	Puerto Rican	Other

Not Hispanic	Prefer not to answer		
Marital Status (circle one below)			
Never Married	Married	Separated	Divorced
Widowed	Prefer not to answer		

Are you currently enrolled in school?	Yes	No
If yes, name of school:		

Have you been arrested in the past 30 days?	Yes	No
If yes, how many times?		

“Military Service” (below) refers to military service provided by individual seeking treatment and/or dependent status to active or retired military personnel.

Military Service (circle one below)			
Active Duty	Reserve Duty	Discharged	Retired military
Dependent family	Prefer not to answer	No military status	National Guard

How often have you participated in any of the following activities that support recovery in the past 30 days? Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Double Trouble in Recovery, or Women for Sobriety; participation in any religious or faith-affiliated recovery self-help groups; or participation in organizations that support recovery other than the organizations described above, including consumer-run mental health programs and Oxford Houses		
No participation in the past month	1 – 3 times in the past month	1-2 times per week in the past month
3-6 times per week in the past month	Participation daily	Prefer not to answer

Preferred Language – what language do you prefer to receive services in? Interpretation services are provided to you at no cost.

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Are you referred by: Self or Probation/Court System/ASAP (circle one)

Have you moved within last 90 days?	Yes	No	If Yes, how many times?

Current Living status: (circle one)	
Living independently in private residence	Am a dependent living in private residence

Type of Current Residence (circle 1 choice below)			
Arlington Jail	Boarding Home	Community Residential	Foster Home/Family Sponsor Home
Homeless	Homeless Shelter	Hospital	Juvenile detention
Nursing home	Other	Other care facility	Private Residence

Residential treatment	Prefer Not to Answer	State Jail	Assisted Living Facility
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Date of last physical exam:

What is the highest grade of school you have completed (circle one below)?

Kindergarten	Grade 1	Grade 2	Grade 3
Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11
Grade 12	College Freshman	College Sophomore	College Junior
College Senior	Graduate/Professional	Pre-School/Head Start	No schooling
Special Education	Vocational School only	Unknown	Prefer not to answer

School Attendance Status – current (circle one below)

Not Applicable	No school in past 3 months	Attended at least one day of school in past 3 months
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What is your current employment status (circle one below)?

Full time (35+ hours week)	Part time (less 35 hours week)	Disabled	Group/Support Enclave
Homemaker	Individual Supported	Individual Supported/Temp	Unemployed/Not looking
Retired	Sheltered Employment	Sporadic employment	Student
Unemployed	Volunteer/pre-vocational	Volunteer/not paid	Prefer not to answer

Do you have an Advance Directive?	Yes	No
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Do you have any prior substance use treatment? Yes _____ No _____ If Yes, how many times? _____

Are you female using substances living with dependent children under the age of 18?	Yes	No	N/A
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If female, are you pregnant?	Yes	No
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What is your current tobacco use status (circle one below)?

Never Smoker	Current Every Day Smoker	Current Some Day Smoker	Former Smoker
Prefer not to answer			

How were you referred to our agency - (circle one below)?

Self	ASAP or DUI Program	Court	Dept of Juvenile Justice
Dept of Social Services	Developmental Services Care Provider		Other Virginia CSB
Family or Friend	Employer or Employee Assistance Program (EAP)		Private Hospital
Other Community Referral	Local Community Probation and Pre-Trial Services		State Hospital
Police or Sheriff	Local Correctional Facility		State Correctional Facility
State Training Center	School System or Educational Authority		Prefer not to answer

DO YOU HAVE A LEGAL SUBSTITUTE DECISION MAKER (SDM) OR GUARDIAN?		Yes	No
SDM or Guardian's First Name		SDM or Guardian's Last Name	
What is the SDM or Guardian's relationship to you (circle one below)			
Court Appointed Legal Guardian		Authorized Representative	Representative Payee
Financial Conservator		Other:	
SDM address			
City		State	Zip Code
Best phone contact number		Is this a: Home #? Business# ? Cell #?	Okay to leave message? Yes No
Preferred e-mail address:			
SDM or Guardian's Preferred Language:			

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?			
First Name		Last Name	
Address			
City		State	Zip Code
Best phone contact number		Is this a: Home #? Business# ? Cell #?	Okay to leave message? Yes No
Preferred e-mail address:			
Emergency Contact's Preferred Language:			