

Blake's House Recovery Residence

info@blakeshouerr.org

www.blakeshouerr.org

Client Intake Information

Date_____

Name_____

Email_____

Phone_____

Agency Affiliation (Required)_____

Birth Date (Required)_____

Age:_____

Marital Status_____

Race_____

Are You a Veteran?_____

Do You Have an ID Card?_____

Driver's License # _____

State ID # _____

Do You Have a SS Card?_____

Social Security#_____

Income

Are you working?_____

DOC Housing Voucher?_____

Amount_____

SSI?_____

Amount_____

SSDI? _____

Amount _____

Other Income? _____

Please tell us about any other income here. _____

Healthcare

Medicaid? _____

Medicare? _____

Other Insurance? _____

Please provide name of other insurance _____

Any Mental Health services or medications in the past or present? Please list. _____

Any Chemical dependency past or present and do you receive services? Where? _____

Medications currently on:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Housing History

List times you lost housing and why:

Debt or Legal Financial Obligations

Children and ages

Incarceration or Arrest History

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

Are you working with any other organization or case managers?

Are they helping with resources?

Work History

1. Are you working? Please describe

If not, what is your background and what job skills do you have?

2. Looking for work? Please tell us about it.

3. Do you plan on school or training and what type of training?

4. What are your goals and plans? We want to get to know you. Feel free to use the rest of this page.

What should we know about you to assist you? Please feel free to write in comments. _____

Emergency Contacts? Family or Friends

1. Name _____
Relation _____
Address _____

Phone # _____

2. Name _____
Relation _____
Address _____

Phone # _____

3. Name _____
Relation _____
Address _____

Phone # _____

4. Name _____
Relation _____
Address _____

Phone # _____

Comments

Counselor Signature _____

Client Signature _____

CONSENT TO PROCEDURE AND ACCESS TO MEDICAL RECORDS

Blakes House Recovery Residence requires random urinalysis tests in the house and as a condition to entry.

We do not require access to medical information, unless there is an emergency in the house, or if you are on medically assisted treatment for addiction.

Please initial where indicated.

Initials Here (Required) _____

1.1 Consent to Procedures: To arrange for and consent for urinalysis.

Sign here _____

1.2 Access to Medical Records and Other Personal Information: The Client hereby allows physicians, all other providers of health care, including hospitals, to release to Blakes House Recovery Residence, info needed for supportive housing. With respect to Blakes House Recovery Residence only, the Client hereby waives patient relationship and to any communication, verbal or written, arising out of such a relationship. To request, receive and review any information, verbal or written, pertaining to the Client's physical or mental health records, and to execute any releases, waivers or other documents that may be required in order to obtain information to such persons, organizations and health care providers as required for Blakes House Recovery Residence. Please initial where indicated.

Initials Here (Required)_____

1.2 Consent to access to medical records.

Sign here_____