Reset Form

# CLIENT INFORMATION
# INDIANA ACCESS TO RECOVERY (ATR)

State Form 54887 (2-12)

On this form we collect information that will help us develop your Individualized Recovery Plan (IRP) and locate you when it is time for your six (6) month and discharge follow-up GPRA interviews. The information you give us will be kept in your client file and only accessed by your Recovery Consultant, counselor or another program staff member who is assisting with conducting follow-up interviews. **We will not tell any person we contact anything except that you have been asked to participate in a health/wellness study.**

## GENERAL INFORMATION

Name *(first, middle, last, maiden)*

Other names, nicknames, or aliases

Date of birth *(month, day, year)* | Place of birth *(city, state)*

Driver license number | State

Residence address *(number and street, city, state, and ZIP code)*

How long have you lived here? | Do you plan to move anytime soon? ☐ Yes ☐ No | If yes, do you know where?

Home telephone number ( ) | Cellular telephone number ( ) | E-mail address

Name of work place | Work telephone number ( )

Who else lives at your address?

| Name *(first, last)* | Relationship | Telephone Number |
|---|---|---|
| | | |
| | | |

Another address where mail can always reach you *(number and street or PO Box, city, state, and ZIP code)*

Who lives at this address?

| Name *(first, last)* | Relationship | Telephone Number |
|---|---|---|
| | | |
| | | |

## FRIENDS AND REALTIVES

List friends or relatives who usually know how to contact you if I cannot reach you.

Name *(first, middle, last)* | Relationship

Address *(number and street or PO Box, city, state, and ZIP code)*

Home telephone number ( ) | Cellular telephone number ( ) | E-mail address

Name *(first, middle, last)* | Relationship

Address *(number and street or PO Box, city, state, and ZIP code)*

Home telephone number ( ) | Cellular telephone number ( ) | E-mail address

Name *(first, middle, last)* | Relationship

Address *(number and street or PO Box, city, state, and ZIP code)*

Home telephone number ( ) | Cellular telephone number ( ) | E-mail address

## FAMILY INFORMATION

| | | |
|---|---|---|
| Are you married? ☐ Yes ☐ No | Do you have children? ☐ Yes ☐ No | If yes, how many? |
| Do you have regular contact with your children? *(If applicable)* ☐ Yes ☐ No | Are any of your children under the age of fourteen (14)? *(If applicable)* ☐ Yes ☐ No | If yes, do you have adequate childcare for the children under fourteen (14)? ☐ Yes ☐ No |
| Do you have a family history of physical or mental health issues? *(If applicable)* ☐ Yes ☐ No | If yes, please explain. | |
| Do your spouse or family members have a history of substance abuse or addiction? ☐ Yes ☐ No | If yes, please explain. | |

## EMPLOYMENT AND EDUCATION INFORMATION

| | | |
|---|---|---|
| Are you currently employed? ☐ Yes ☐ No | Are you satisfied with your job? *(If applicable)* ☐ Yes ☐ No | How often do you work? *(Note work schedule.)* |
| Do you have a disability that would limit or prevent you from working? ☐ Yes ☐ No | If yes, have you applied for disability benefits? ☐ Yes ☐ No | |
| Are you a native English speaker? ☐ Yes ☐ No | If no, are you in need of ESFL services? ☐ Yes ☐ No | |
| In what type of job are you interested? | Highest level of education completed | |
| Do you have any learning challenges (reading ability, disabilities)? ☐ Yes ☐ No | If yes, please explain. | |
| Would you like to further your education or move into a different type of employment? ☐ Yes ☐ No | If yes, please explain. | |
| Do you have reliable transportation? ☐ Yes ☐ No | If no, do you reside near a bus line? ☐ Yes ☐ No | |

## LEGAL HISTORY / INFORMATION

| | | |
|---|---|---|
| Are you currently on probation or parole? ☐ Yes ☐ No | Name of probation / parole officer *(if applicable)* | Telephone number *(if applicable)* ( ) |
| Please explain any current or previous criminal charges *(if applicable)* | | |
| Please list any probation / parole requirements *(if applicable)* | | |

## MENTAL AND PHYSICAL HEALTH INFORMATION

| | | |
|---|---|---|
| Do you have any known physical or mental health issues? ☐ Yes ☐ No | If yes, please explain. | |
| Please list any medications you are currently taking | | |
| Do you have health insurance? ☐ Yes ☐ No | If no, have you applied for assistance? ☐ Yes ☐ No | Are you currently under the care of a physical or mental health professional? ☐ Yes ☐ No |
| If yes, name of physical or mental health professional | Contact information | |
| Are you enrolled in any substance abuse programming? ☐ Yes ☐ No | If yes, list contact information. | |
| What is your substance of choice? | What is the longest amount of time you have abstained from substances? | |
| Do you have any other addictions (gambling, sex, shopping, etc.)? ☐ Yes ☐ No | If yes, please explain. | |
| Do you currently have a sponsor? ☐ Yes ☐ No | If yes, who? | |
| Do you attend support group meetings? ☐ Yes ☐ No | If no, do you need information? ☐ Yes ☐ No | |

What methods have been most helpful in addressing your substance abuse or addiction?

| | | |
|---|---|---|
| ☐ Participating in a therapy group | ☐ Exercising/Participating in a sport | ☐ Attending a religious service |
| ☐ Participating in a 12-step group | ☐ Spending time with their children | ☐ Speaking with a spiritual/religious leader |
| ☐ Working | ☐ Participating in individual counseling | ☐ Participating in an art activity or hobby |
| ☐ Listening to music | ☐ Spending time with friends | ☐ Spending time with a spouse or partner |

☐ Other: _____

| MENTAL AND PHYSICAL HEALTH INFORMATION *(continued)* |
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| What are your barriers to recovery? |
| What state or federal assistance you receive or have applied for?<br>☐ TANF ☐ Food Stamps ☐ CCDF ☐ HUD ☐ WIC ☐ SSI/SSDf ☐ Voc Rehab<br>☐ Other: _____ |

| ADDITIONAL INFORMATION |
|---|
| Are you a veteran or a service member?<br>☐ Yes ☐ No |
| What individuals would you identify as part of your social support network? |
| What types of activities do you enjoy doing? |
| What would you say are your strengths? |
| Who should I contact first if I cannot reach you? |
| When I call you, I would like to establish a password that can be used to verify your identity.<br>What password would you like to use (ex. Mother's maiden name, pet's name, etc.)? |
| Other relevant information / updates |

Thank you for participating. The six (6) month and ATR Discharge GPRA interviews are one of the few things we ask you in return for the Indiana ATR services you are receiving. It is very important that we be able to find you so please give accurate information.

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|---|---|
| Signature of client | Date *(month, day, year)* |
| Signature of recovery consultant | Date *(month, day, year)* |