

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Standardized Intake Form

- 1) _____ Name of individual completing form
- 2) _____ Program Code 1=Diversified, 2= Mohican, 3 = MonDay, 4 = CCI, 5 = GRACE, 6 = Oriana, 7 = STAR, 8=NOVA, 9= River City
10= Cuyahoga, 11=NEOCAP, 12=Brown Youth Center, 13=EOCC, 14=Greene, 15=NW Ohio,
16=Alvis, 17=Talbert, 18=Mahoning, 19=Butler Juvenile, 20=Stark CTCC, 21=EOCC Dual
Diagnosis

IDENTIFYING INFORMATION

- 3) _____ Case Number
- 4) _____ Client Name
Last First Middle Initial
- 5) _____ SSN
- 6) ____/____/____ Date of Birth (MM/DD/YYYY)

OFFENDER CHARACTERISTICS

- 7) ____ Race: 1 = White 2 = Black 3 = Hispanic 4 = Native American 5 = Asian 6 = Other
- 8) ____ Sex: 1 = Male 2 = Female
- 9) ____ Marital Status: 1 = Married 2 = Not Married
- 10) ____ Number of Dependents (under 18 years of age)
- 11) ____ Highest Grade Completed: 1-12 = Grades 1 – 12 13 = Some College 14= Bachelors or higher
____ If completed less than 12 grades, did the offender earn a GED? 1 = Yes 2 = No
- 12) ____ Employment status prior to arrest
1 = Employed full-time (35 hours or more/week) 2 = Employed part-time (less than 35 hours/week)
3 = Unemployed 4 = odd jobs

CURRENT OFFENSE

- 13) _____ Most serious charge (enter name of charge - e.g., CCW, Burglary)
- 14) _____ Ohio Revised Code section of most serious charge
- 15) ____ Level of most serious conviction offense 1 = F1 2 = F2 3 = F3 4 = F4 5 = F5 6=M1 7 = M2
8 = M3 9 = M4 10 = DUI 11 = Status 12 = Other
- 16) ____/____/____ Date screened for RSAT (MM/DD/YYYY)
- 17) ____/____/____ Date placed in RSAT program (MM/DD/YYYY)

CRIMINAL HISTORY

18) ____/____/____ Date of first arrest (MM/DD/YYYY)

_____ If exact date is unknown, please indicate age at first arrest

19) ____ Felony ____ Misdemeanor Number of prior **arrests** (adult and juvenile)

20) ____ Felony ____ Misdemeanor Number of prior **convictions** (adult and juvenile)

21) ____ Has the offender ever been arrested on a drug charge? 1 = Yes 2 = No

22) ____ Number of prior sentences to a secure facility

23) ____ Number of prior sentences to community supervision

24) ____ Number of unsuccessful terminations from community supervision

SUBSTANCE ABUSE HISTORY

25) ____ First drug of choice

- | | |
|--------------------------------|-----------------------------|
| 1 = heroin | 9 = inhalants |
| 2 = non-crack cocaine | 10 = over the counter drugs |
| 3 = crack | 11 = alcohol |
| 4 = amphetamines | 12 = oxycontin |
| 5 = barbiturates/tranquilizers | 13 = methamphetamine |
| 6 = marijuana | 14 = other (specify: _____) |
| 7 = LSD | |
| 8 = PCP | |

26) ____ Second drug of choice (use codes for question #25)

27) ____ Age of first alcohol use

28) ____ Age of first drug use

29) ____ Do any immediate family members have a substance abuse problem? 1 = Yes 2 = No

30) ____ Has the offender received previous drug/alcohol treatment? 1 = Yes 2 = No

If yes, indicate the number of times the offender has experienced each of the following types of treatment:

- | | |
|----------------------------|---|
| ____ Detoxification | ____ Short-term inpatient (30 days or less) |
| ____ Methadone maintenance | ____ Residential |
| ____ Outpatient | |

31) ____ Has the offender been dual diagnosed with mental illness? 1 = Yes 2 = No

____ If yes, is the offender currently taking medication for the mental illness?
1 = Yes 2 = No

_____ If yes what is the primary Axis I diagnosis? 1 = major depression, 2 = bipolar disorder, 3 = dementia, 4 = anxiety disorders,
5 = post-traumatic stress disorder, 6 = schizophrenia, 7 = schizoaffective disorder,
8 = Other, 9 = unknown

_____ If yes, has there been previous treatment? 1= Yes 2 = No

If yes, indicate the number of times the offender has experienced each of the following types of mental health treatment:

- _____ Short-term inpatient (30 days or less)
- _____ Residential
- _____ Outpatient

32) _____ What instrument was used to assess the offender's needs and risks at intake?
1=LSI, LSIR or YoLSI, 2 = ASUS, 3 = PII, 4 = Other or 9 = No assessment

33) _____ What overall risk level was determined? 1 = high, 2 = medium high, 3 = medium low,
4 = low, 9 = not applicable

34) Indicate if the following were assessed as need areas: 1= Yes 2 = No

- _____ education/employment
- _____ financial
- _____ family/marital
- _____ accommodation
- _____ leisure/recreation
- _____ companions
- _____ alcohol/drug problem
- _____ emotional/personal
- _____ attitudes/orientation

35) _____ Was the offender assessed at intake for substance abuse? 1= Yes 2 = No

_____ If yes, did the client meet the DSM-IV clinical diagnosis of a substance use disorder? 1= Yes 2 = No