

APPLICATION FORM

Person(s) filling out this form: _____

Date: _____

I am applying for treatment services at Clear Paths and agree to cooperate and participate fully. I understand I have the right to refuse any part or all of the treatment and I will be responsible for any consequences that I incur from such refusal. Treatment approaches at Clear Paths include individual, group, and family counseling. I understand that I am responsible for the cost of my treatment. Furthermore, I give Clear paths permission to send drug urinalysis tests to Redwood Toxicology Lab in Santa Rosa, CA. I give Clear paths permission to provide my insurance company with identifying information required for billing purpose.

(Client Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Confidentiality Statement:

I understand that Clear Paths is confidential under State Statute (ORS 179.505 and 426.460) and federal Registry (42 CFR, Part 2 and 45 CFR 205.50). No information will be released to others, nor will information be requested from others without written consent. The following exceptions to the policy are required by law: Information regarding imminent danger to self or others, information regarding child abuse or neglect, information regarding elderly abuse, or information needed to resolve a medical emergency. While program statistics may be reported, the personal identity of individuals will be kept confidential.

(Client Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Client Rights and Program Rules:

I acknowledge that I have received a client handbook. The information given by the intake counselor and information found in the client handbook explain to my satisfaction how the program works, aftercare procedure, client rights, fee schedule, and program rules.

(Client Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Notification to primary care physician

Your health plan requires your primary physician be notified that you have entered substance abuse treatment. Therefore you are giving Clear Paths a permission to contact, as stated in the Federal Regulations for confidentiality (42 CFR Part 2)

My Primary Care Physician is

Name

Address/Telephone

(Client Signature)

(Date)

(Parent/Guardian Signature)

(Date)

APPLICATION AND CONFIDENTIAL HISTORY QUESTIONNAIRE

DATE: _____

NAME _____
(Last) (First) (M.I.) (Last name at birth)

(Signature)

ADDRESS _____

(City) (County) (State) (Zip)

AGE _____ BIRTHDAY _____

PHONE: HOME: _____ WORK: _____ MESSAGE: _____

WHOM TO CONTACT IN CASE OF EMERGENCY: _____
PHONE: _____

SEX M F HIGHEST GRADE COMPLETED: _____
(circle)

Currently enrolled in school or training (or between terms) Y N
(please circle)

GED _____ Current GPA _____

SCHOOL LAST ATTENDED _____
(School) (Year) (GPA)

(Best subject) (Worst Subject)

List ALL colleges and/or trade schools attended:

SCHOOL OR COLLEGE	DATES (By Year)	MAJOR FILED Of STUDY	GPA	DEGREE OR CERTIFICATION

Name and Telephone Number of Referral Source: _____

NAME: _____

RACE/ETHNICITY

White: Black: Native American:

Asian/Pacific Islander: Alaskan Native: Hispanic:

Hispanic (Puerto Rican): Hispanic (Cuban): Other Hispanic:

Southeast Asian: Other Race(Identify): _____

LIVING ARRANGEMENTS

Alone: Spouse (or equivalent):

Parents/Relatives: Foster Parents: Incarcerated:

Institution: Friends or Others:

NUMBER OF PEOPLE DEPENDENT UPON HOUSEHOLD INCOME IN EACH AGE GROUP INCLUDING YOURSELF

Under 6 yrs. old: ___ 6-17 yrs. old: ___ 18-64 yrs. old: ___ 65+ yrs. old: ___

TOTAL NUMBER ON DEPENDENTS: ___

NAME OF SIGNIFICANT OTHER: _____

RELATIONSHIP: _____

(Adolescents Only)

PARENT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ WORK PHONE: _____

GUARDIAN OR CONSERVATOR: _____

ADDRESS: _____

TELEPHONE: _____ WORK PHONE: _____

MARITAL STATUS: Never Married: Married: Widowed: Divorced:
Separated: Living as Married:

NAME: _____

PLEASE LIST EVERYONE CURRENTLY LIVING IN HOUSEHOLD:

	NAME	AGE	SEX	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

YOUR OCCUPATION: _____ EMPLOYER: _____

PHONE: _____ ADDRESS: _____

Working 35 or more hours per week: 17-34 hours per week:

Unemployed: Explain if not employed _____

SOCIAL SECURITY NUMBER: _____

Veteran's Administration Number _____

IMPORTANT INSURANCE INFORMATION			
PRIMARY INSURANCE CARRIER _____			
GROUP NUMBER _____			
POLICY HOLDER'S NAME	I.D. #	D.O.B.	
_____	_____	_____	
SECONDARY INSURANCE CARRIER _____			
GROUP NUMBER _____			
POLICY HOLDER'S NAME	I.D. #	D.O.B.	
_____	_____	_____	
PERSON RESPONSIBLE FOR PAYMENT _____			
IN CASE OF EMERGENCY-CONTACT		PHONE	
_____		_____	

NAME: _____

**AVERAGE MONTHLY
INCOME BEFORE TAXES**

Your Salary: \$ _____

Parents' Salary/Salaries: \$ _____

Spouse's/Partner's Salary: \$ _____

Social Security Income: \$ _____

SSI-Federal Income: \$ _____

Public Assistance: \$ _____

Dividends/Interest: \$ _____

Pension/Unemployment/Veteran's Income: \$ _____

Alimony \$ _____

Child Support: \$ _____

Other Income: \$ _____

TOTAL HOUSEHOLD INCOME: \$ _____

EMPLOYMENT

35+ hrs per week

17-34 hrs per week

Not Employed
(seeking employment)

Not employed (not
seeking employment)

List each person dependent upon your income

Name	Age	Living Where? Home, College, Nursing Home, etc.

SPIRITUAL/CULTURAL ASSESSMENT

1. What is your primary language now? _____
2. What was the primary language in the household in which you were raised? _____
3. Describe the ethnic/cultural background of your family and the household in which you were raised:

4. Explain what you feel the difference between men and women are in your culture:

5. Describe the standards regarding the acceptance or non-acceptance of drinking in your culture:
What role does alcohol play in our culture?

6. What roles do drugs play? _____

7. Do you currently attend church? _____

If you stopped, explain why: _____

8. Do other family members attend church? _____

9. What do you believe has the strongest influence over your beliefs, behaviors, and values?

10. What is your understanding, thoughts, or feelings about self help meeting such as AA, NA, etc?

11. GOALS: What do you want to achieve while in this program?

1. _____
2. _____
3. _____

12. What family and/or friend support do you have for achieving these goals?

SOUTH OAKS GAMBLING SCREEN

Name: _____ Date: _____

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "not at all", "less than once a week", or "once a week or more".

	Not at all	Less than once a week	Once a week or more	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Played cards for money
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bet on horses, dogs, or other animals (at OTB, the track, or with a bookie).
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bet on sports (parlay cards, with a bookie or at Jai Alai).
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Played dice games (including craps, over and under, or other dice games) for money
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gambled in a casino (legal or otherwise)
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Played the numbers or bet on lotteries.
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Played bingo for money.
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Played the stock, options, and/or commodities market.
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowled, shot pool, played golf, or other games of skill for money.
j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pull tabs or "paper" games other than lotteries.
k.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some form of gambling not listed above (please specify)

1. What is the largest amount of money you have ever gambled in one day?

<input type="checkbox"/>	never have gambled	<input type="checkbox"/>	more than \$100 up to \$1000
<input type="checkbox"/>	\$1 or less	<input type="checkbox"/>	more than \$1000 up to \$10,000
<input type="checkbox"/>	more than \$1 up to \$10	<input type="checkbox"/>	more than \$10,000
<input type="checkbox"/>	More than \$10 up to \$100		

2. Check which of the following people in your life has (or had) a gambling problem.

<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Brother or sister	<input type="checkbox"/>	grandparent
<input type="checkbox"/>	Spouse/partner	<input type="checkbox"/>	My children	<input type="checkbox"/>	Another relative		
<input type="checkbox"/>	A friend or someone else important in my life						

SOUTH OAKS GAMBLING SCREEN

3. When you gamble, how often do you go back another day to win back money you lost?

- never
- some of the time (less than half the time I lost)
- most on the time I lost
- every time I lost

4. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

- never (or never gamble)
- yes, less than half the time I lost
- yes, most of the time

5. Do you feel you have ever had a problem with betting money or gambling?

- no
- yes, in the past, but not now
- yes

6. Did you ever gamble more than you intended?..... yes no

7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?..... yes no

8. Have you ever felt guilty about the way you gamble or what happens when you gamble?..... yes no

9. Have you ever felt like you would like to stop betting money or gambling, but didn't think you could?..... yes no

10. Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U's or other signs on betting or gambling from your spouse, children, or other people in your life?..... yes no

11. Have you ever argued with people you live with over how you handle money? yes no

12. (If you answered yes to question 11) Have money arguments ever centered on your gambling?..... yes no

13. Have you ever borrowed from someone and not paid him or her back as a result of your gambling?..... yes no

14. have you ever lost time from work (or school) due to betting money or gambling?..... yes no

SOUTH OAKS GAMBLING SCREEN

15. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check “yes” or “no” for each)
- | | NO | YES |
|---|--------------------------|--------------------------|
| a. From Household money..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. From spouse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. From other relatives or in-laws..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. From banks, loan companies, or credit union..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. From credit cards..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. From loan sharks..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You cashed in stocks, bonds, or other securities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You sold personal or family property..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. You borrowed on your checking account (passed bad checks)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. You have (had) a credit line with a bookie..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. You have (had) a credit line with a casino..... | <input type="checkbox"/> | <input type="checkbox"/> |

More than five means probable pathological gambler.

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