



Today's Date _____

Important: This is a CONFIDENTIAL questionnaire to help Maryville determine the best treatment plan for you. Please fill in all areas as completely as possible. It will be given to a Counselor during your assessment appointment. Please print clearly.

First Name _____ Last Name _____

Address _____ (Check if homeless) _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

Date of Birth ____ / ____ / ____ Gender Male Female Other _____

Social Security Number _____ Marital Status Single Married Partner

Driver's License # _____ US Citizen or Legal Resident Yes No

Race: Black/African American Asian White Puerto Rican Mexican Cuban

Russian Pacific Islander Native American Middle Eastern Indian Other Decline _____

What is the primary substance you are seeking treatment for? _____

Are you a Veteran? Yes No

Are you able to read and write the English language? Yes No

What is the highest grade completed in school? _____ Do you have a HS Diploma or GED?

Primary Language _____ Secondary Language _____

Sexual Orientation: Bisexual Heterosexual Homosexual Questioning Decline

Preferred Pronoun She/her He/him They/them

Do you require accommodations: Hearing Device Wheel Chair Other _____

Who referred you? _____ Organization _____

Are you currently on Methadone? Yes No

Are you receiving Methadone, Suboxone, or Sublocade at any other facility at this time? Yes No

If yes, where? _____

Emergency Contact Name _____

Address _____

Phone _____ Relationship _____



Client Name _____

IMPORTANT: To receive public funding for substance abuse treatment, you **must** complete an **Income and Eligibility Form**, otherwise you will be responsible for payment.

Employment Status Employed Unemployed Student Disabled Other _____

Income Information Full-time Part-time Self-Employed Seasonal Union

Gross Annual Salary (before taxes) \$ _____ Monthly Gross Salary \$ _____

OTHER INCOME:

Are you currently receiving Temporary Assistance for Needy Families (TANF)? Yes No

General Public Assistance? Yes No **Total Monthly Income:** \$ _____

Are you currently pregnant? Yes No Unsure Does not apply

Did you give birth in the past 12 months? Yes No

Do you have children 17 years or younger? Yes No If yes, how many _____

Please check those that apply:

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Social Security Survivors/Retirement | <input type="checkbox"/> Pension or Annuity |
| <input type="checkbox"/> Social Security Disability Benefits | <input type="checkbox"/> Interest of Dividends |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> State Disability Benefits | <input type="checkbox"/> Cash from Friends or Family |
| <input type="checkbox"/> Side Work | <input type="checkbox"/> Income from Rent (Not What You Pay) |

Do you pay day care for a child or disabled adult? Yes No **If yes, how much \$** _____

Do you pay child support or alimony? Yes No **If yes, how much \$** _____

Do you have a DUI since 2005? _____ How many? _____ SBI # _____

Current Legal Status:

- | | |
|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No Legal Problem | <input type="checkbox"/> DWI License Suspension |
| <input type="checkbox"/> Case Pending | <input type="checkbox"/> DCP&P or Family Court |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Other, Specify, _____ |

Have you ever been required to register under Megan’s Law? Yes No

What Tier are you classified as? Tier 1 Tier 2 Tier 3