

Intake Forms

**INSYST REGISTRATION FORM
COLLABORATIVE COURTS ALAMEDA COUNTY**

Name (Last, First, Middle): _____

Intake Date: _____ **DOB:** _____ **SS#:** _____

Current Zip Code: _____ **Birth place (county):** _____ **State:** _____

Gender: Male Female Gender Non Binary Transgender Other: _____

Race: White Black Native American Chinese Vietnamese Laotian Cambodian
 Japanese Filipino Other Asian Other Unknown Other Southeast Asian Alaska Native
 Korean Samoan Asian Indian Hawaiian Guamanian

Hispanic Origin: Non-Hispanic Mexican/Mexican American Cuban Puerto Rican Other
Latino Other Hispanic

Marital Status: Single/Never Married Married/Live Together Widowed Separated
 Divorced/Dissolved Unknown

Physical Disability: None Severe Visual Impairment Severe Hearing Impairment Speech
Impairment Physical Impairment/Mobility Developmentally Disabled Other Physical
Impairment Mental Client Declined to State Client Unable to Answer

Preferred Language: English Spanish Sign ASL Other: _____

Highest Level of Education (0-20): _____

Emergency/Alternate Contact Name: _____

Relationship: _____ **Phone#:** _____ **Email:** _____

Address: _____

**PARTICIPANT INTERVIEW FORM
COLLABORATIVE COURTS ALAMEDA COUNTY**

Intake Date: _____ PFN#: _____ CDCR#: _____ CG#: _____

Referred by: _____ Next court date: _____

Name (Last, First, Middle): _____ DOB: _____

Preferred Name: _____ Alias: _____

Phone #: _____ Secondary/Message Phone#: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Sign ROI? Yes No Other contact information: _____

Living Situation: Shelter Street/Outdoors Institution Housed Refused Don't Know

If Housed, check appropriate subcategory: Own/Rent Someone Else's Apartment, Room, or House Dorm/
College Residence Halfway House Residential Treatment Other Housed _____

Address/Place of Residence or where staying: _____

Mailing address if different from current residence: _____

Interpreter needed: No Yes, what language: _____

Trade School: Yes No Certification: Yes No

Work and/ or school goals: _____

Do you have Medi-Cal: Yes No Don't know – Medi-Cal #: _____ County: _____

Confirmed By: _____ Date: _____ (Medi-Cal Help Desk 1-888-346-0605)

If no, was the HIT Team contacted? Yes No Forms Signed: Yes No Refused (HIT Fax 510-777-2226)

Outcome: _____

Other Insurance: Yes No Insurance Provider: _____

Are you currently employed? Yes No Employer Name: _____

Number of hours per week: _____ Source of income: SSI SSDI GA Other _____

Monthly: \$ _____

Are you pregnant? Yes No Unknown

**PARTICIPANT INTERVIEW FORM
COLLABORATIVE COURTS ALAMEDA COUNTY**

| Child Name: | Date of Birth: | Gender: | Living With You? Yes / No | Seeking Custody? Yes / No |
|-------------|----------------|---------|------------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

Additional Notes:

(ADC/FDC/RC ONLY) Have you ever served in Armed Forces, in the Reserves, or in the National Guard? Yes No

If yes: Armed Forces Reserves National Guard Refused Don't Know

Currently in Active Duty? Yes No Have you ever been deployed to a combat zone? Yes No

(VTC ONLY) Military Service Information:

Branch of Service: _____ Rank at Discharge: _____

Service Start Dates: _____ Discharge Date: _____ Combat Deployment number of months: _____

Stationed: _____ Type of Discharge: _____ DD214: _____

Years of Service: _____ Are you receiving VA Benefits? Yes No

(ALL COURTS) Are you currently on probation or parole? Probation Parole Not Sure Refused

If yes, in what county? _____

Officer Name: _____

Do you have people who support your sobriety and life change? Yes No

If yes, sign ROI for this/these individuals? Yes No

| Drug of Choice: | Route of Administration: | Frequency last 30 days: | Frequency last 12 months: | Last Date of Use: |
|--------------------|-----------------------------|----------------------------|------------------------------|----------------------|
| | | | | |
| | | | | |

Longest period of sobriety? _____ What was helpful then? _____

Medicated Assisted Treatment: Yes No

* Required information

**PARTICIPANT INTERVIEW FORM
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If yes, what: _____ Dose: _____

Where engaged? Yes No How long? _____ Sign ROI? Yes No

Current Medical Concerns/Conditions: _____

Primary Care Doctor: _____ Where? _____ Last seen: _____

Comments/Notes: _____

Current Psychiatric Diagnosis/Condition(s): _____

Mental Health Professional Name: _____ Where: _____

Are you actively engaged? Yes No Last appointment? _____

| Current Prescribed Medication to include medication assisted treatment: | Taking it? Yes/No | How Many Days' Supply Does Client Have Available? |
|---|-------------------|---|
| | | |
| | | |
| | | |
| | | |

Participant Stated Goal:

Strengths

Physical - Medical Health / Family / Relationships
 Social Support / Optimism / Interest-Talents / Education-Training
 Spirituality-Religion / Community Connection / Resiliency
 Stable Housing / Good Coping Skills / Have a car / Resourceful
 Others: _____

Needs

Substance Use / Biomedical Conditions / Mental Health
 Recovery Environment / Housing / Family conflict
 Finances / Vocational / Social / Relational
 Transportation / Parenting / Smoking Cessation / Legal
 Other: _____

Intake Check:

- | | |
|---|---------------------------------|
| ___ New Chart Opened | ___ ALOC Entered Into CG |
| ___ Informed Consent Signed | ___ In-House Referral completed |
| ___ ROI's signed (includes FDC data research) | ___ EORC Transportation Form |

* Required information

PARTICIPANT INTERVIEW FORM
COLLABORATIVE COURTS ALAMEDA COUNTY

___ Medi-Cal documentation completed

___ OPIC Transportation Form

___ Rant Completed

___ Intake GPRA (due within 1st 30 days)

___ Data Entry (spreadsheets)

___ 6 month GPRA due: _____

___ Transit Voucher Agreement Signed

___ Discharge GPRA

(VTC Only) Of those screened who did not enroll in the Drug Court program, please check the appropriate box the following categories.

- Participant Refused Entry
- Prosecutor Objection
- Defense Objection
- Judicial Objection
- Out of Jurisdiction
- Arrest, Conviction, or Incarceration on Another Charge
- No Drug Problem
- Exclusionary Prior Nonviolent Offense
- Violent History
- Mental Health Diagnosis that Cannot Be Handled by Court
- Insufficient Risk (Low Risk)
- Ineligible for VA Services
- Accident Involving Injury
- Candidate Did Not Complete Screening
- Candidate Waiting for Program Slot (will enroll in a subsequent quarter)
- Other: _____

