

Group: \_\_\_\_\_

Intake Date: \_\_\_\_\_

SAII

SAIIX

SAIII

IOP/Meth

Felony DUI

American Comprehensive Counseling Services

Today's Date: \_\_\_\_\_

Please answer all questions completely or put N/A if it doesn't apply to you.

Have you ever attended any programs at ACCS before: Yes No

If court or CPS ordered: Name of Court: \_\_\_\_\_ Court Case #: \_\_\_\_\_

Judge/PO: \_\_\_\_\_ Date of required completion: \_\_\_\_\_

Medicaid: Yes No Recipient ID #: \_\_\_\_\_

Name/# of Attorney, Public Defender or Social Worker: \_\_\_\_\_

**Client Identification Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First MI Last

Address: \_\_\_\_\_

Street Apt# City St Zip

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_

With which ethnic group do you identify? \_\_\_\_\_

Check one: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

List the members of your family and all others in your home:

Name(s) Age/Birth Date Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have children not currently living with you? Yes \_\_\_ No \_\_\_ If so how many?

\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Employment Status: Full-time \_\_\_ Part-time \_\_\_ Laid Off \_\_\_ Unemployed \_\_\_

Type of Work: \_\_\_\_\_ Years at job: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Place of Employment:

\_\_\_\_\_

**Circle the one that best describes your living situation**

Live Alone Live with partner and/or children Live with Family

Homeless Live with roommate/s Live in Half-Way House Live in motel

Live in Transitional Housing Rent Own my home Subsidized Housing