Participant Name: _____
DOB: _____ Age: _____
Interview Date: _____

INTAKE FORM

REFERRAL INFORMATION

Referral Agency: _____ Referred By: _____ Referral Date: ____
Phone: _____ Email: _____@_____
How long have you known the candidate? _____
Relationship:

☐ Law Enforcement ☐ Legal Counsel ☐ Court Official/Advocate
☐ Safe House ☐ Anti-Trafficking Agency ☐ Friend/Family Member
☐ Social Worker/Case Manager

Remaining Involved After Placement? Yes ☐ No ☐ Setting coming from: _____

Persons Attending Intake (Check all who will remain involved with member after placement.)

☐ Name: _____ Relationship: _____
☐ Name: _____ Relationship: _____

Complete the following:
Mother's Name: _____ Father's Name: _____
Custody: _____ Contact: _____
Guardian? Yes ☐ No ☐ If yes, name: _____ Relationship: _____

Responsible Party	Phone	Email
DHS Supervisor		
FSRP Care Coordinator		
FSRP Supervisor		
Other:		

Referral notes regarding referral:

PERSONAL INFORMATION

Applicant Name: Other Names: Born a Girl:
DOB: _____ Smoker: Yes ☐ No ☐ (*Explain no smoking is allowed in at the Freedom House.*)
Ethnicity: _____ Primary Language: _____ Cell Phone: _____
SSN: _____ Home City/State: _____ Dress Size_____ Shoe Size_____
Contact Information: _____
Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living w/Partner ☐

EDUCATION

Current School: _____ Grade _____ IEP: Yes ☐ No ☐
On-Time for Graduation: Yes ☐ No ☐ If no, provide plan: _____
Placement per PCS: _____ Other School Details: _____

TRAFFICKING HISTORY

Has candidate been verified as a victim of human trafficking? Yes ☐ No ☐
How recently was she in a trafficking situation? _____
How long has she been subjected to this situation? _____
_____
If her trafficker(s) still a threat to her? Yes ☐ No ☐ Is she still in contact with her trafficker? Yes ☐ No ☐
Is there an open or pending case against her trafficker? Yes ☐ No ☐
What state(s) was she trafficked in? Yes ☐ No ☐
Is she currently (or recently) affiliated with a gang? Yes ☐ No ☐ If so, which one? _____
Is her family unsafe and/or unhealthy? Yes ☐ No ☐ If yes, in what way? _____
_____
Does she have a history of violence? Yes ☐ No ☐ If yes, in what way? _____
_____
Is she in a significant debt situation that poses a threat? Yes ☐ No ☐ Explain: _____
Is she a high flight risk? Yes ☐ No ☐ If yes, is there a pattern or place she runs to? Yes ☐ No ☐ Explain:
_____

MENTAL HEALTH INFORMATION

Diagnosis(s) (Check all that apply):

☐ Depression	☐ Schizophrenia	☐ Substance Abuse
☐ Anxiety	☐ Borderline	☐ Self-Harm
☐ Bi-Polar	☐ Mood Disorder	☐ Other _____

How long ago were you diagnosed? _____ By Whom: _____
What was the earliest age you were diagnosed? _____

What symptoms do you experience related to your MH diagnosis?

(***Look for symptoms such as isolation, aggression, self/other harm, ADL's, med compliance***)

What triggers are you aware of?

(Look for awareness of triggers and ability to address them appropriately.)

What skills do you utilize during an episode? How well would you rate the effectiveness of your skills?

(***Look for skills other than coping such as problem solving/critical thinking.***)

How do you manage a crisis? What helps you recover from an episode?

(Look for awareness and effectiveness of skills (coping vs. problem solving vs. critical thinking.)

What services do you utilize when experiencing an episode?

	Services	Last Used	Estimated Use Annually	Notes
☐	Natural Supports			
☐	Staff/Professionals			
☐	Crisis Hotlines			
☐	Mobile Crisis			
☐	Hospital			
☐	Other			

Are you able to identify barriers to your recovery?

(Look for awareness needs of services.)

Describe the last episode you experienced?

How often do you experience episodes?

Have you experienced a crisis and/or hospitalization in the past: 30 days ☐ 3 months ☐ 6 months? ☐

Have you ever had suicidal ideations or attempts? Yes ☐ No ☐ If yes, when was the most recent episode? Provide details.

Answer the following questions regarding your medications for a mental health diagnosis (Check those that are known):

	Name	Purpose	Dosage	Side Effects
☐				
☐				
☐				
☐				

MEDICAL INFORMATION

Provide the name and phone number of all providers that apply below:

	Type of Provider	Name	Phone Number	Last Appt.
☐	Psychiatrist			
☐	Therapist			
☐	Medical Doctor			
☐	Dentist			
☐	Eye Doctor			
☐	Pharmacy			

	Type of Provider	Name	Phone Number	Last Appt.
☐	Hospital (medical)			
☐	Hospital (psychiatric)			
☐	Other:			
☐	Other:			
☐	Other:			

Immediate medical needs: _____

Details of upcoming appointments:

How do you schedule your appointments? Independently ☐ With Assistance ☐ Dependent on others ☐
How do you attend your appointments? Independently ☐ With Assistance ☐ Dependent on others ☐

Do you have any allergies? Yes ☐ No ☐ If yes, list:

How would you rate your physical health? Excellent ☐ Fair ☐ Poor ☐
How do you currently manage your medications? Independently ☐ with Assistance ☐ Dependent ☐
Will your provider(s) allow you to self-medicate: None ☐ 1-dose daily ☐ 2 days ☐ 3 days ☐?
Are there conditions needed to maintain Medicaid Eligibility? Yes ☐ No ☐
Do you have any mobility issues? Yes ☐ No ☐ If yes, explain:

Do you have/need any assistive devices? Yes ☐ No ☐ If yes, explain:

Do you have a doctor ordered diet? Yes ☐ No ☐ If yes, are you following it? Explain.

Do you have any of the following?

☐ Asthma ☐ Infectious Disease ☐ Visual Impairment
☐ Epilepsy ☐ Diabetes ☐ Hearing Impairment

Answer the following questions regarding your medications (Check those that are known):

	Name	Purpose	Dosage	Side Effects
☐				
☐				
☐				
☐				
☐				

LEGAL HISTORY

Do you have a criminal history? Yes ☐ No ☐ If yes, describe:

Are you currently involved in any of the following legal matters? (Check all that apply):

☐ Probation
☐ Parole
☐ Divorce Proceedings
☐ Civil Proceedings
☐ DHS
☐ DUI or Substance Abuse Program
☐ Outstanding Warrant(s)
☐ Restraining Order – Against You
☐ Restraining Order – Against Someone Else
☐ Upcoming Court Date(s) _____

Provide explanation for all that are checked above (name/phone of Probation/Parole officer, all requirements, length of time of any orders, etc. Use additional paper if necessary). Look for conflicting programming dates/times.

Have you ever harmed others with any type of violence? Yes ☐ No ☐ If yes, explain.

How do you handle conflict/frustration with others?

Are there certain traits of others that trigger you?

Do you have any concerns working with different types of staff or volunteers (male/female/young/etc.)?

Do you have concerns about living with different types of individuals (race/age/sexual orientation/etc.)?

Would you rate yourself as: ☐ Passive ☐ Aggressive ☐ Passive/Aggressive ☐ Assertive?

Is this a court ordered placement? Yes ☐ No ☐ Is this placement considered house arrest? Yes ☐ No ☐
Is there an open case against the trafficker? Yes ☐ No ☐ If yes, where?
Do you have a No Contact Order against anyone? Yes ☐ No ☐ Against yourself? Yes ☐ No ☐

SUBSTANCE USE HISTORY *(Skip if candidate has no substance use history)*

Do you, or have you used (or misused) any of the following? (Check all that apply.)

☐ Alcohol
☐ Marijuana
☐ OTC Medications
☐ Prescription Medications
☐ Methamphetamines
☐ Heroin
☐ Crack / Cocaine
☐ Opiates
☐ IV Drug Use
☐ Methadone
☐ Hallucinogens
☐ Other

Answer the following questions for any items checked above:

Do you believe you have an addiction issue? Yes ☐ No ☐ Have others told you that you do? Yes ☐ No ☐
What has been your using pattern? Daily ☐ Occasionally ☐ Binges ☐ Other ☐ _____
When was the last date you used any of the above? _____ Describe:
What was the longest period of sobriety in the past year? _____

How much sobriety do you currently have? < 1 month ☐ 1-3 months ☐ 3-6 months ☐ > 6 months (heroin/meth) ☐

What is the longest period of sobriety in your lifetime? _____

How long have any of the above been an issue for you? _____

How do you usually access any substances above? _____

Who do you usually use/drink with? _____

How many times have you seriously attempted abstinence? _____

Have you received services for substance use? Yes ☐ No ☐ If yes, complete the following:

Facility	**Type (Inpatient/Outpatient/Hosp.)**	**Dates**	**Completed? Y/N**	**Sponsor? Y/N**

What has worked in your recovery? _____

What has not worked in your recovery? _____

Do you want services to address your recovery? Yes ☐ No ☐ If yes, explain.
_____
_____

NATURAL SUPPORTS

Who do you have that provides you with support?

Name	Relationship	Regular Contact?	Notes
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	

Describe your family of origin: (e.g. middle child of four siblings, raised in two-parent home, dad worked, etc.)

What is your current relationship like with your family like?

CHILDREN (Skip if candidate has no children)

Do you have any children? Yes ☐ No ☐ If yes, complete the following.

Child's Legal Name	Age	M/F	Who does child currently live with?	Do you have custody?	Other comments

Do you have any needs related to your child(ren)? Yes ☐ No ☐ If yes, explain: _____
Are any of your children offspring from your trafficker? Yes ☐ No ☐
Were you a victim of childhood sexual assault? Yes ☐ No ☐ If yes, at what age and by whom?
_____

FINANCIAL/INSURANCE

Funding Source (if any): _____
Income Source(s):

☐ Employment $_____ ☐ Social Security $_____
☐ SSI $_____ ☐ Other $_____
☐ SSDI $_____ ☐ Food Stamps $_____

If no income: Applying for Benefits ☐ Denied Benefits ☐ Appealing Benefits ☐
Do you have medical insurance? Medicaid (Title XIX) ☐ Medicare ☐ Private Insurance ☐
MCO (Insurance Provider) United Healthcare ☐ Amerigroup ☐ TXIX Number: _____
Private Provider: _____ Policy/Group Number: _____
Do you have outstanding bills? Yes ☐ No ☐ (***List all bills.)***

Debtor	Balance	Payment Plan Amount	Notes

SERVICE NEEDS

How long do you see yourself needing services? _____

Provide a summary of trafficking history/case status:

What do you need and/or expect from FH?

How do you define success from being in a program? What will you be able to do one year from now that you're unable to do today?

Have you used services of other programs? Yes ☐ No ☐ If yes, provide program/dates, what went well/didn't go well:

Have you ever been evicted, denied and/or removed from services? If yes, explain. (Dates, reasons)

What are some of your hobbies or interests?

What are some of your strengths and weaknesses?

Do you have any special needs that FH should be aware of?