

# SEES-THE-DAY, Inc.

## Intake (Please PRINT all information)

Office Use Only:

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

Paid \$ \_\_\_\_\_ Rec. # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Middle*

Most Recent Address: (Please, do not use a Rehabilitation facility address)

\_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_

Marital Status: Single Married  
(Circle One)

Separated Divorced

Please provide your cell-phone number with area code \_\_\_\_\_

In Case of an Emergency: (Please list 2 relatives)

1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_  
*Street Number & Name City State Zip*

2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_  
*Street Number & Name City State Zip*

Employment/Income Information:

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Shift Worked \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

*City State Zip*

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Highest Grade Completed \_\_\_\_\_

If you are currently collecting any of the following, please circle:

Pension Unemployment Public Assistance SSI SSD

Other \_\_\_\_\_ Amount received monthly \$ \_\_\_\_\_

**Please answer the following questions:**

1) How long have you been using drugs? \_\_\_\_\_ 2) Date you last used \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3) What is/are your drug(s) of choice? \_\_\_\_\_

4) List the drugs that you have used in the last 3 years \_\_\_\_\_

5) Are you now taking any prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are you taking and for what reason? \_\_\_\_\_

If yes, who prescribed this medication? \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
*Name*

6) Are you in Counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No Counselor's Name \_\_\_\_\_

7) Are you currently on probation or parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is your probation officer \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
*Name*

8) Have you ever lived in a recovery house? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Facility \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
*Street Number & Name* *City* *State* *Zip*

Contact Person \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

My signature on this document indicates that I have read, understood and answered all the questions truthfully.

\_\_\_\_\_  
*Resident's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Sees-The-Day Representative*

\_\_\_\_\_  
*Date*

