



Department of Human Services

Behavioral Healthcare Division  
2120 Washington Blvd, Arlington, VA 22204

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

**Preferred Name – provide your preferred name and any other names you go by including maiden/married names and nicknames**

<b>Date of Birth</b>	<b>Social Security # (optional)</b>

<b>Home address/APT Number</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Best phone contact number</b>	<b>Is this a:</b> Home #    Cell # Business#	<b>Okay to leave message?</b> Yes        No
<b>Preferred e-mail address:</b>		

<b>What is your gender (circle):</b>	Female	Male	Prefer not to answer
<b>What is your gender identity ? (circle below)</b>	Female	Male	Female-to-Male (FTM)/ Transgender Male
	Additional Gender Category/ Other		Male-to-Female MTF)/Transgender Female Gender non-conforming
<b>What race do you identify as?(circle below)</b>	African American/Black	Alaska Native	
	Hawaiian/Pacific Islander	Multi: African/Black/White	
	Multirace: Other	Native American	
	Asian	Caucasian/White	
	Multi: Asian/White	Multi: Native American/Black	
	Prefer not to answer	Other	
<b>Select Hispanic Ethnic Origin (circle below)</b>	Cuban	Mexican	Other
	Not Hispanic	Prefer not to answer	

**Marital Status (circle one below)**

Never Married                      Married                      Separated                      Divorced  
 Widowed                      Prefer not to answer

<b>Are you currently enrolled in school?</b>	Yes	No
<b>If yes, name of school:</b>		

<b>Have you been arrested in the past 30 days?</b>	Yes	No
<b>If yes, how many times?</b>		

*“Military Service” (below) refers to military service provided by individual seeking treatment and/or dependent status to active or retired military personnel.*

**Military Service (circle one below)**

Active Duty	Reserve Duty	Discharged	Retired military
Dependent family	Prefer not to answer	No military status	National Guard

**How often have you participated in any of the following activities that support recovery in the past 30 days?**

Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Double Trouble in Recovery, or Women for Sobriety; participation in any religious or faith-affiliated recovery self-help groups; or participation in organizations that support recovery other than the organizations described above, including consumer-run mental health programs and Oxford Houses

No participation in the past month	1 – 3 times in the past month	1-2 times per week in the past month
3-6 times/week in the past month	Participation daily	Prefer not to answer

**Preferred Language – what language do you prefer to receive services in? Interpretation services are provided to you at no cost.**

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**Are you referred by:**      Self    or      Probation/Court System/ASAP    (circle one)

<b>Have you moved within last 90 days?</b>	Yes	No	<b>If Yes, how many times?</b>

**Current Living status: (circle one)**

Living independently in private residence                      Am a dependent living in private residence

**Type of Current Residence (circle 1 choice below)**

Arlington Jail                      Boarding Home                      Community Residential                      Foster Home/Family Sponsor Home  
 Homeless                      Homeless Shelter                      Hospital                      Juvenile detention  
 Nursing home                      Other                      Other care facility                      Private Residence  
 Residential treatment                      Prefer Not to Answer                      State Jail                      Assisted Living Facility

Date of last physical exam:

**What is the highest grade of school you have completed (circle one below)?**

Kindergarten	Grade 1	Grade 2	Grade 3
Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11
Grade 12	College Freshman	College Sophomore	College Junior
College Senior	Graduate/Professional	Pre-School/Head Start	No schooling
Special Education	Vocational School only	Unknown	Prefer not to answer

**School Attendance Status – current (circle one below)**

Not Applicable	No school in past 3 months	Attended at least one day of school in past 3 months
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**What is your current employment status (circle one below)?**

Full time (35+ hours/week)	Disabled	Individual Supported	Group/Support Enclave
Part time (less 35 hours/week)	Homemaker	Individual Supported/Temp	Unemployed/Not Looking
Sporadic Employment	Retired	Sheltered Employment	Student
Volunteer/not paid	Unemployed	Volunteer/pre-vocational	Prefer not to answer

<b>Do you have an Advance Directive?</b>	Yes	No
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Do you have any prior substance use treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many times? \_\_\_\_\_

<b>Are you female using substances living with dependent children under the age of 18?</b>	Yes	No	N/A
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<b>If female, are you pregnant?</b>	Yes	No	N/A
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**What is your current tobacco use status (circle one below)?**

Never Smoker	Current Every Day Smoker	Current Some Day Smoker	Former Smoker
Prefer not to answer			

**How were you referred to our agency - (circle one below)?**

Self	ASAP or DUI Program	Dept of Juvenile Justice
Dept of Social Services	Court	Other Virginia CSB
Family or Friend	Care Provider Employer or Employee Assistance	Private Hospital
Other Community Referral	Program (EAP)	State Hospital
Police or Sheriff	Local Community Probation and Pre-Trial Services	State Correctional Facility
State Training Center	Local Correctional Facility	Prefer not to answer
Developmental Services	School System or Educational Authority	

<b>DO YOU HAVE A LEGAL SUBSTITUTE DECISION MAKER (SDM) OR GUARDIAN?</b>		Yes	No
<b>SDM or Guardian's First Name</b>		<b>SDM or Guardian's Last Name</b>	
<b>What is the SDM or Guardian's relationship to you (circle one below)</b>			
Court Appointed Legal Guardian	Authorized Representative	Representative Payee	
Financial Conservator	Other:		
<b>SDM address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Best phone contact number</b>	<b>Is this a:</b> Home #    Cell # Business#	<b>Okay to leave message?</b> Yes        No	
<b>Preferred e-mail address:</b>			
<b>SDM or Guardian's Preferred Language:</b>			

<b>WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?</b>			
<b>First Name</b>		<b>Last Name</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Best phone contact number</b>	<b>Is this a:</b> Home #    Cell # Business#	<b>Okay to leave message?</b> Yes        No	
<b>Preferred e-mail address:</b>			
<b>Emergency Contact's Preferred Language:</b>			