Name of Staff \*Required\* Performing Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Time of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

Client Name: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Identifying Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Eyes: \_\_\_\_\_\_\_\_\_\_\_ Hair: \_\_\_\_\_\_\_\_\_\_\_

Identifying Marks: (tattoos, piercings, scars, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gang Affiliation: Yes or No If yes, gang name and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an alcoholic? Yes\_\_\_\_ No\_\_\_\_ Date of last drink: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an Addict? Yes\_\_\_\_ No\_\_\_\_ Date you last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug(s) of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in Recovery Living? Yes \_\_\_\_ No\_\_\_\_

Is the individual CURRENTLY suicidal (wanting to harm self or having thoughts of not wanting to live)? Yes or No

Is the individual CURRENTLY homicidal (wanting to harm or kill someone other than their self)? Yes or No

Is the individual CURRENTLY experiencing hallucinations (seeing or hearing things that others are not)? Yes or No

Is the individual CURRENTLY under the influence of any substance? Yes or No

Has the individual used or drank any substances in PAST 60 days? Yes or No

Are you between the ages of 18-25? Yes or No

\*Note\* If the answer is YES to any of the last five questions, please stop the intake and refer individual to a hospital to get immediate care. We cannot accept the individual until they are medically cleared from a medical facility. They are at extreme health risk to self-and/or others. If you need assistance with this, please contact the on-call Crisis Counselor. If person is between 18-25 years of age, CPRSS can explain to them the benefits of the fulcrum program and contact Fulcrum Director.

**Release of Confidential Information (ROI)**

I understand that records are protected under Federal and State Confidentiality Laws and Regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I/we do hereby authorize:

Nehemiah Community Development Corporation to exchange any information regarding the legal and/or medical records of the (Client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This arrangement will remain in effect from this time frame (admission/intake date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to (one year from day admitted/intake) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Agency or Individual Name and Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CM\_\_\_

The information authorized for release may include information which may indicate the presence of a communicable or venereal disease which may include but is not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea, and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Oklahoma State Law (76 O.D. Supp 1986, Section 19) provides that psychological or psychiatric records may be provided to a client if the treating physician or counselor consents to reals or upon receipt of a court order, of competent jurisdiction. Therefore, psychological, or psychiatric records will not be released to clients, their guardians or agents (including attorneys) except with the consent of the treating physician or counselor, or upon receipt of a court order, issued by a court of competent jurisdiction.

Drug/Alcohol Abuse records are protected by Federal Law. Federal regulations (42 CDR Part 2) prohibit making any further disclosure of the information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise 42 CFR Part 2. A general authorization of the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any drug/alcohol abuse clients.

I/We understand that I/We may revoke this consent at any time except to the extent that actions have been taken in reliance on it. This consent shall expire one (1) year from the date of my/our signature(s). This consent is being given freely and voluntarily. I/We understand that the treatment services are not contingent upon or influenced by my/our decision to permit the release of information.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRSS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Agreement Document

1. Live Scan and Credit Report Waiver

I hereby release, authorize and give full consent to the NCDC to complete a background (live scan) and credit report check. It is further agreed that the NCDC may use or cause to use such material to be released to an appropriate agency such as Trinity Law School in supporting my endeavors to address legal and financial matters.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Random Drug/Alcohol Screening Consent Form

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent and agree to undergo random

(as well as upon entry) drug/alcohol screenings during my employment/residence with Nehemiah

CDC and any entity of Nehemiah Community Development Corporation. I understand that a

positive test, refusal to authorize this form, refusal to take the test, or failure to produce a

specimen may result in disciplinary action up to and including dismissal by any state or federal

statute, regulation, and policy.

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Person of Contact**

Please provide the following information for the main point(s) of contact: The **Point of Contact** listed will serve as the individual(s) we can reach out to for further discussion about your application process, next steps, and any additional information needed.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**+**

**IMPORTANT NOTE**

Thank you for completing this **pre-application** for the Nehemiah Recovery Residential Program. This form serves as an initial step for **consideration only**.

**What does "consideration" mean?**  
Submitting this form does not guarantee acceptance into the program. Instead, it allows us to review your information to determine eligibility for the next step in the process—a formal face-to-face interview.

The face-to-face interview is a valuable opportunity for us to get to know you better and for you to learn more about our program. We appreciate your interest in the Nehemiah Recovery Residential Program and look forward to connecting with you.