



OASIS HOUSE

- Jail Referral       Nova House       Other: \_\_\_\_\_
- P.O.       Beth Holten
- Walk-In       Club

**INTAKE INTERVIEW**

**CONFIDENTIAL**

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

**I. Personal Information**

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

Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Race:  Caucasian  African American  Asian American  Hispanic  Other

Do you have a copy of your birth certificate?  YES  NO

Do you have a driver's license or state ID?  YES  NO

Do you want assistance obtaining copies of either your birth certificate or driver's license/state ID?  YES  NO

**II. Personal History**

Marital Status:  Married  Single  Divorced  Separated

Current Spouse (full name): \_\_\_\_\_

Briefly describe your relationship with your spouse: \_\_\_\_\_

Do you have any children?  YES  NO

**Name of Child**

**Age**

**Custody Arrangement**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you need assistance, legal or otherwise, in complying with or modifying custody arrangements?  YES  NO

### **III. Education History**

What is the highest grade you have completed?  High School Diploma  GED

Some College  Associates  Bachelors

Have you received vocational training?  YES  NO

Are you currently taking any educational classes?  YES  NO

Would you like to learn to read/write better?  YES  NO

Would you like to further your education?  YES  NO

If YES, please explain:

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### **IV. Personal History**

Do you smoke?  YES  NO

Do you drink alcohol?  YES  NO

Have you ever misused or abused alcohol?  YES  NO

Have you ever misused or abused legal substances (e.g. whip-its, over-the-counter medications, prescription medication)?

YES  NO

Have you ever misused or abused illegal substances (e.g. marijuana, cocaine, heroin)?

YES  NO

Do you believe you are addicted to any of the above substances?  YES  NO

Are you currently using legal or illegal substances to get high?  YES  NO

If NO, how long have you been sober? \_\_\_\_\_

If YES, do you want or are you seeking assistance with becoming sober?  YES  NO

Have you ever been a victim of verbal abuse?  YES  NO

Have you ever been a victim of psychological abuse?  YES  NO

Have you ever been a victim of physical abuse?  YES  NO

Have you ever been a victim of stalking?  YES  NO

Have you ever been a victim of sexual abuse?  YES  NO

Would you like assistance in filing a restraining order or obtaining other legal services regarding domestic violence?  YES  NO

Can you leave your home or situation if you wanted?  YES  NO

Can you come and go as you please?  YES  NO

Have you ever been threatened if you leave?  YES  NO

Where do you sleep? \_\_\_\_\_ Where do you eat? \_\_\_\_\_

Do you sleep in a bed, cot, or on the floor? \_\_\_\_\_

Have you ever been deprived of food, sleep, or medical care by someone?  YES  NO

Are there locks on your doors or windows so that you wouldn't be able to leave?

YES  NO

Has your information or documentation been taken from you?  YES  NO

## **V. Health Information**

Are you experiencing current medical or dental problems?  YES  NO

Do you need assistance receiving medical diagnosis/treatment?  YES  NO

Do you have health insurance?  YES  NO

Do you need assistance receiving or obtaining health insurance?  YES  NO

**VI. Housing**

Are you currently homeless?  YES  NO

If NO, do you feel safe in your current home?  YES  NO

Do you need assistance finding a new place to live?  YES  NO

**VII. Criminal History**

Have you ever been convicted of a drug-related felony?  YES  NO

Have you ever been convicted of a misdemeanor for prostitution, solicitation, or loitering?  
 YES  NO

Are you currently on Probation?  YES  NO

Are you currently on Parole?  YES  NO

Were you required to receive services from Oasis House as a condition of your diversion program, probation, or parole?  YES  NO

Have you ever been convicted of a Sexual or Violent crime?  YES  NO

If YES, explain:

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**VIII. Services**

Why are you seeking help at this time?

\_\_\_ Housing \_\_\_ Employment \_\_\_ Counseling \_\_\_ Education \_\_\_ Food

\_\_\_ Drug/Alcohol Treatment \_\_\_ Advocacy for Court Proceedings

\_\_\_ Other (describe): \_\_\_\_\_

Description of help needed: \_\_\_\_\_

How do you think or feel Oasis House will benefit you? \_\_\_\_\_

\_\_\_\_\_

I understand that the information I have provided is confidential and is intended to be used solely for my participation in Oasis House services and programs. I understand that this information will not be shared with anyone other than Oasis Staff unless I choose to share the information myself. Oasis House will only disclose the information I have provided them with my written consent or as required by law.

Please Sign:

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Oasis House Staff

\_\_\_\_\_

Date