

Client Information Form

Name: _____ **Date:** _____

Date of Birth: _____ **Social Security
Number** _____

(Do you have identification?) Yes _____ No _____

If yes complete

Identification: **State ID** _____

Driver's License _____

Are you a US Citizen? Yes _____ No _____

Are you homeless? _____

How did you become homeless?

Family Contact Name: _____

Family Contact Address:

Phone Number

What is your drug of Choice?

When was the last time that you used?

**What
Happened?**

Have you had a recent TB test?

Where?

When?

Results?

Have you had a recent RPR at the Health Department?

Are you HIV positive?

Are you on Social Security Disability? Yes ___ No ___

If yes what is the disability?

How much do you receive?

Do you have an employer?

Last Employer?

Have you ever been in a treatment center? Yes ___ No ___

When? _____

Where? _____

How long did you stay clean?

What happened?

How did you hear about ARM, Inc.? _____

What do you expect from your stay with us?

Do you currently have any legal problems? YES ___ NO ___

If you answered YES, please explain. _____

What City? _____ **County?**
_____ **State** _____

Are you currently on Probation? YES ___ NO ___

If you answered YES, explain what you are on probation for.

If you answered YES, please provide

Probation Officer's Name;

Probation Officer's Phone #;

Do you have any outstanding warrants or any pending cases against you?

YES ___ NO ___

If you answered YES, PLEASE Explain

Number of children

Marital status _____

Educational level _____

Have you ever been arrested or imprisoned? Yes ___ No ___ If yes, please

explain the circumstances

I, _____, am aware that any false information entered on this questionnaire will result in my immediate discharge from the program.

Resident's Signature _____ **Date** _____

Admitting Staff Signature _____ **Date** _____